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ORIGINAL ARTICLES.

PRESENT TENDENCIES IN THERAPEUTICS.*

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I purpose showing as briefly as possible certain tendencies in therapeutics which are gradually working toward the establishment of principles taught by Hahnemann almost a hundred years ago, and which we, as homœopathists, have employed since the beginning of the present century.

I purpose to further show that the great revolution which therapeutics has undergone, and is still undergoing, dates from the introduction of experimental physiology and therapeutics into the study of Materia Medica, the study of drug actions on man and the lower animals, as a basis for their therapeutic use.

It cannot but be apparent to even the most superficial observer that therapeutics has reached a point where an eager experimental spirit is overcoming the conservatism and reverence for the past which has heretofore checked that spirit of change and activity so necessary to advancement. As a result of the honest scientific work done in Germany, England, France, and our own country, the sadly chaotic Materia Medica of even the last quarter of a century is gradually developing into something like order and systematic arrangement. This order, though necessarily still unstable and largely provisional when compared with what we can imagine possible in the future, is a beginning, and as such must be hailed by all lovers of progress. This advance dates from the recent progress made in animal and vegetable physiology, in inorganic, and above all, in organic chemistry, in the perfection of instruments, and a more scientific and universal study of disease itself.

In therapeutics, as in every department of science, true advancement only becomes possible with the establishment and following of a *method* or *system*. The great lights in the history of science have been men who have pointed out *methods* of investigation, by means of which they have made their own discoveries, and laid solid foundations for future research. Bacon and Descartes showed their greatness and wielded their influence by pointing out a way. With them dawned *induction* as a basis for *deduction*.

Thus, in therapeutics, the *Animism* of Stahl, the *Archæus* of Van Helmont, and the vagaries of many of their predecessors and followers have passed out of medicine. Physic to-day, though not yet entirely free from much that might be compared with the abstractions and absurdities of a hundred, or even fifty years ago, begins to show a healthier condition. This advance, then, is to be ascribed to a better system or method; this method is experimental therapeutics and physiology, a study of the physiological actions of drugs and the morbid symptoms they produce when administered to man and the lower animals.

The first great step was distinctly made by Hahnemann in the beginning of the present century. I say by Hahnemann because he was the first to distinctly enunciate it and formulate a method based upon it. It had been hinted at by many before him, but they were mere hints without subsequent expansion. It was a reaction from a school of therapeutics, principally represented by Cullen, whose Materia Medica was but little better than an *olla podrida*, made up of the most discordant fancies and whims, utterly without any proper experimental basis. It was a time of every man for himself. The practice of physic was a *médicine à tiroirs*, as Gubler well puts it—a practice, the disease being given, in drawer so and so could be found the remedy, or rather the remedies, for polypharmacy ruled supreme. It was a practice of empty names of diseases and drugs; nothing more.

There was a reaction from this state of affairs very different from that instituted by Hahnemann; it was a reaction into a state of *therapeutic nihilism* whose influence can even be felt to day. A great French teacher recently said at the close of a long course in Paris: "Nature does much, good nursing does much, medicine, devilish little." And this but expresses the opinion of many, who, in their daily practice, are continually laughing in their sleeves at the laity's confidence in drugs.

"I heard, but a few years ago, a very able teacher, himself a professor of practice, declare that if the four great chairs of Anatomy, Surgery, Practice of Medicine, and Obstetrics were well filled in a medical college, it was of little consequence who occupied the others; and as for Materia Medica and Therapeutics, any old woman could teach that."* Such opinions coming from great leaders and moulders of the medical thought in the profession show the large element of *therapeutic nihilism* still existing.

But let us now turn to the reaction instituted by Hahnemann, a reaction much more hopeful, and radical in every respect. The *Organon* appeared in 1810 and was the result of long and careful thought and experiment. Its teachings were utterly different from anything which had appeared before. In it was laid down a *method* of studying and applying drugs, a method whose very radicalism gave it a hearing and support. Its persecution facilitated its advance. Whatever elements of truth it possessed could not be discovered and supported. Hahnemann, in attempting to explain

* Read before Hom. Med. Society of the City of New York, June, 1880.

* The *Medical Record*, Oct. 11th, 1879. The Present State of Therapeutics. An Address. By Roberts Bartholow, M.D., LL.D.

the why and wherefore of many points, brought upon himself the reputation of being a mystic and a dreamer. This, however, appears to us to have been one of the elements of his greatness. Great discoverers have been great dreamers. "The dreams of one age, the science of the next." His followers, however, have overlooked this portion of the work, and have seized but the really practical part dealing with deductions from patient induction.

Waiving for the present the question of the truth of *similia similibus*, we find developed in this wonderful work four great principles of therapeutics:

1. The provings of drugs on the healthy as a *sine qua non* to their use.

2. The all-importance of symptoms as guides to the remedy, in contradistinction to its prescription on unstable pathological theories.

3. The use of the single remedy instead of mixtures.

4. The diminished dose.

Now, these four great principles, though most intimately connected with the law of similars, can, for the present, be regarded independently. How do they stand to-day in the therapeutics of the dominant school? The present indications are that they will be eventually accepted, if they have not already largely been so. Let us consider each one separately:

1. The provings of drugs.

Dr. Bartholow, in the Address above quoted, says: "No revolution of opinion could be more complete; no renunciation of heresy more absolute. In 1874, empiricism is the true guide; in 1879, physiological experiment." We do not think, however, that this "revolution of opinion" has been so sudden. These apparently revolutionary changes are but the climaxes of a long chain of events all tending to the one end. The great French revolution began long before 1792. It was as the bursting of a shell from a very long fuse.

Through the exertions of Claude Bernard* in France, Nothnagel[1], Binz[2], and many others all over Germany; Ringer[3], Phillips[4], Murrel[5], and others in England, and Wood and Bartholow in this country, the medical mind has been realizing the absolute necessity of scientific experimentation and provings in the study of Materia Medica and therapeutics. This again is an introduction to provings, as we understand the word, on the healthy human organism. All the recent works on the subject have taken this stand. In 1877 appeared "A Guide to Therapeutics," by Robert Farquharson, a small but comprehensive work, in which the therapeutic indications are placed alongside the physiological actions. Gubler,[6] in France, and the above-mentioned works of Binz, Nothnagel, Ringer, and Phillips, all carry out the same idea. In Ringer's work especially is this a prominent feature, and here it may be well to say a few words about the "Handbook of Therapeutics," a work of authority which has been wonderfully well received by the profession, and which represents the latest results and most advanced views attained by the experimental school. It is really a work *de omnibus rebus*. It teems with practical hints in the whole field of medicine. The author has gone to work unfettered by preconceived opinions or any narrow bigotry. Although Hughes is mentioned in two or three places, homœopathy has not received due credit for the use of drugs peculiar to the new school, and the author lays himself somewhat open to the charge of plagiarism. It is interesting to read Hughes and Ringer together to see how near they approach each other. Usually in works of this nature the subjective is largely in abeyance, but here, although the references are many and show a most extensive acquaintance with what has been done, and what is being done in therapeutics all over the scientific world, a large amount of personal experience and experimentation are brought to bear to substantiate and elucidate. Though most of the experimentation is upon animals, and those of the lower forms, thus largely lying within the domain of experimental physiology, it is undoubtedly the best basis and stepping stone to provings more as we understand the term.

2. As to the importance of symptoms as guides to the remedy, in contradistinction to the prescribing of drugs on pathological theories; in other words, the treatment of the patient rather than the disease. And here again, Ringer, as an exponent in English speaking countries, has this principle stamped on every page of his work. Consult, for example, his differentiation of the symptoms of gastric and bowel troubles; or in Phillips' book, a work not so extensive as Ringer's, but equally advanced in opinions, see his remarks on the use of *Belladonna* and *Rhus tox.* in erysipelas, a treatment entirely homœopathic.

All through Phillips' book you see this tendency cropping out, often much encouraged by the editor, who has elsewhere shown opinions in advance of his school. Gubler, in his "Leçons de Thérapeutique," a work representing very fairly the state of therapeutics in France, says:

"C'est du malade que nous devons surtout nous occuper; il faut tout faire pivoter autour du cas particulier. Certains cas peuvent présenter des éléments morbides propres à diverses maladies; d'autres fois, sur un même sujet, plusieurs maladies peuvent se trouver réunies. Rayer, ce maître regretté, disait qu'après cinquante ans il fallait toujours en chercher au moins deux. Affirmons pour clore cette discussion la vérité du vieil adage, *il n'y a pas de maladies, il n'y a que des malades.*

"Les indications d'un traitment se tirent des causes de la maladie, des symptômes et des lésions; enfin, des particularités offertes par le sujet et par le milieu dans lequel il se trouve."*

I quote from the original because it well expresses a principle which homœopathy has always recognized, and always striven to inculcate.

It is to be regretted that this old adage has not been fully appreciated!

3. The more frequent use of the single remedy instead of mixtures is another great advance to which the literature of the day abundantly testifies. Phillips, in the work above quoted, says, p. 17: "The tendency

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* We think it well to give the titles of the important contributions which Bernard has given the world, as an evidence of how much has been done by one man alone in this great advance.

PHYSIOLOGIE.—Physiologie expérimentale, substances toxiques et médicamenteuses, sytème nerveux, liquides de l'organisme, médecine expérimentale, pathologie expérimentale, anesthésiques et asphyxie, chaleur animale, diabète, phénomènes de la vie, par Claude Bernard. Paris, 1858-1878, 13 vol. in-8, avec fig.

La Science expérimentale, Paris, 1878, in-8 jésus de 449 pages.

Leçons de physiologie expérimentale appliquée à la médecine Paris, 1855-1856, 2 vol, in-8, avec fig.

Leçons sur les effects des substances toxiques et médicamenteuses. Paris, 1857, 1 vol. in-8, avec figures.

Introduction à l'étude de la médecine expérimentale. Paris, 1865, in-8, 401 pages.

Leçons de pathologie expérimentale. Paris, 1871, 1 vol. in-8, de 600 pages.

[1] Nothnagel, Gr. H., Handbuch der Arzneimittellehre, Berlin, 1874.

[2] Grundzüge der Arzneimittellehre von Dr. C. Binz, Berlin, 1877.

[3] A Handbook of Therapeutics. By Sidney Ringer, New York, 1879.

[4] Notes on Materia Medica and Therapeutics Vegetable Kingdom. By Charles D. F. Phillips, M.D. Edited by Henry G Piffard, M.D New York 87.

[5] Leçons de Thérapeutique du Professor A. Gubler. Paris, 1877. Also Commentaire Thérapeutiques du Codex medicamentarius, ou Histoire de l'action physiologique et des effects thérapeutiques des médicaments inscrits dans la Pharmacopée française, par Adolphe Gubler. Paris, 1874.

* "It is with the patient that we have above all to do; one must treat each particular case. Certain cases may present morbid elements peculiar to different diseases; again, with the same patient, several diseases may be found united. Rayer, that lamented master, said that after fifty years he had always to find at least two. Let us assert, in closing, the truth of the old adage, *there are no diseases, there are only patients.*

"The indications for treatment come from the causes, symptoms, and lesions of the disease, the particularities of the patient, and his surroundings." Op. cit., p. 8.

of the present age is toward mono rather than polypharmacy, and prescriptions with the orthodox 'adjuvans' and 'corrigens' are less frequently seen than formerly." This must eventually be the only medication. It is *prima facie* the most scientific method, and, using scientific in its proper sense, it can be the only method. Scientific men are beginning to feel the necessity of drawing definite conclusions from their practice, and not increase the unknown quantities of their problems by compound medication which must necessarily leave them in the dark and prevent any definite conclusions as to the effects of their remedies. The illustration of the rifle and shotgun, though hackneyed, is nevertheless striking. What we desire to show is that a step in the right direction has been taken, a step we feel safe in predicting will lead to this principle becoming a universally acknowledged axiom in therapeutics.

4. And now, finally, as to the diminished dose. It cannot be denied that homœopathy has had a most restraining influence on the massive doses of the heroic school. Homœopathy has done more; it has demonstrated most conclusively that massive doses are not only unnecessary to the proper dynamic action of drugs, but quite the reverse. In such a disease as syphilis, where the idea of the absolute necessity of massive doses of *Mercury* has been handed down from generation to generation as an established axiom in medicine, the treatment has undergone a radical change from the most heroic doses to the more rational and more human treatment as recommended by Keyes. Sigmund, in his recent work,* deprecates pushing *Mercury* to the point of salivation, as absolutely injurious and as a relic of medical barbarism. Dr. Keyes in this country in a work entitled "The Tonic Treatment of Syphilis," goes even further than the great German syphilographer, and shows conclusively the immense advantage of a long treatment with small doses—small compared with the massive doses of times gone by.

It is a very significant fact that when the doses of drugs have been diminished it has been when their use was homœopathic. In the very use of *Mercury* itself we can have no better example. Ringer says: "It is singular how similar the phenomena produced by *Mercury* are to those which result from syphilis."† In the same work see the use of the following drugs: *Aconite* in fevers and acute inflammatory troubles, p. 17; *Chamomilla* in diarrhœa, p. 578; *Nux comica* in gastric affections, p. 388; *Arnica* in bruises, p. 48; *Arsenicum* in neuralgia, p. 287 (quotes Hughes); *Tartar emet.* in bronchitis, pp. 262, 263; *Mercury* in dysentery, p. 250; *Nitric acid* in secondary syphilis, p. 165;‡ in sore throat, p. 160; in syphilitic warts, p. 158; *Nitrite of amyl* in heats and flushings, p. 151; *Sulphide of calcium* (*Hepar*) in strumous ulcers, p. 123 *et seq.*; *Belladonna* in exophthalmos, p. 506; *Pilocarpine* in profuse sweating, p. 479; *Veratrum album* in diarrhœa, p. 408; *Ipecacuanha* in vomiting and bronchitis, p. 396; *Cantharis* in morbus Brightii, cystitis, and gonorrhœa, p. 386; *Turpentine* in morbus Brightii, p. 379; in typhoid fever, pp. 376, 377; *Camphor* in diarrhœa, p. 375; *Phosphorus* in neuralgia, pneumonia, p. 293. In Phillips' work note the following indications: *Actæa racemosa* in female troubles, p. 23; *Dulcamara* in diarrhœa from dampness, p. 47; the chapters on *Aconite* and *Pulsatilla*, pp. 1–12; *Thuja occidentalis* in warts; *Gamboge* in dysentery, p. 99; *Rhubarb* in diarrhœa, p. 99; *Styrax benzoin* in fetid urine, p. 232; *Bryonia* in pleurisy and serous inflammations, p. 122; in rheumatism, p. 122; *Belladonna* in erysipelas, p. 33; *Ipecacuanha* in vomiting and hemorrhages, p. 261; in dysentery, p. 162; in bronchitis, p. 261; the chapter on *Arnica*, p. 170; the chapter on *Rhus*, p. 158; *Euphrasia* in catarrhal conjunctivitis, p. 156; *Ruta* in asthenopia and amblyopia, p. 137; *Spigelia* in rheumatism, p. 131; *Ignatia* in hysteria, p 129. The coming volume, on the Animal and Mineral Kingdoms, will, no doubt, continue treating the remaining drugs in the same advanced way.

The above references show conclusively, we think, how much is being appropriated by the old school, and, to its discredit be it said, with only an occasional acknowledgment of indebtedness.

These four great principles, therefore, first taught by Hahnemann, are gradually being accepted by the general profession. The signs of the day all point in that direction. This is an age of liberalism and radicalism, an age better adapted to progress than any previous one.

Had Hahnemann done nothing more he deserves being classed as a great genius, a great discoverer. *Felix qui potuit rerum cognoscere causas.* But he did more—he discovered a law governing the curative actions of drugs, which has been the keystone of the great homœopathic edifice, supporting it and giving it strength. It has been the guiding principle for three-quarters of a century. It has been the incentive to the proving of an immense number of remedies, many of which are the most valuable drugs in the Materia Medica. Allen's Encyclopædia will testify to the amount of labor which this great generalization has resulted in.

That there is a great principle governing the curative actions of drugs we, as homœopaths, firmly believe. Whether Hahnemann has exactly formulated it may still be questioned. Even the most ardent Hahnemannians admit this. Carroll Dunham in his scholarly work says: "And then the law itself may be but a stepping stone to a still wider generalization which shall one day embrace it and something besides, and which may make clear some things which we now see darkly. But should this occur, as the like has occurred in other natural sciences, there will be, there can be, no revolutionary action in it. It may be that the edifice, as we now occupy it, is still unfinished, it may be that other stories are one day to be added, but assuredly as the tower is to the spire, as the buttress to the pinnacle, will this generalization be to that which may be constructed upon it—a basis, an indispensable first step in the construction of the science."* This well expresses the general belief of our school. The law as it stands has served us faithfully and we shall not be likely to abandon it before we have something better.

Similia similibus curantur resulted in the appreciation and establishment of the four great principles above mentioned. The appreciation of these to-day must result finally in the acceptance of the law of similars, or some more definite and broader generalization. It is working backwards.

The signs of the times point to more liberality and freedom, and all who work in the true interests of science will be recognized. The constant talk about non-recognition is all bosh; it will come, although often demanded before deserved. True principles and ability are appreciated, and men and their works are weighed in a balance which is unerring in its justice. We, as homœopaths then, must strive to sift out our chaff—and we have a large amount of it—and by proper work, guided by a right spirit, add our part to the progress of the great army of workers who are striving after perfection, so far as it is attainable by human beings.

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* See an excellent review of Dr. Carl Sigmund's work in the "Am. Jour. of the Med. Sciences" for January, 1880. "Vorlesungen über neuere Behandlungsweisen der Syphilis." Wien, 1880.

† Op. cit., p. 350.

‡ On the same page the author remarks: 'The subtle influence of even small doses on distant organs of the body is well exemplified by the effects of these medicines on the mother's milk, for acids taken for some time induce in the child sickness, diarrhœa, and colicky pains."

* HOMŒOPATHY.—The Science of Therapeutics. A Collection of Papers elucidating and illustrating the principles of Homœopathy. By Carroll Dunham, M.A., M.D., New York, 1877. Page 28.

GONORRHŒA vs. NON-SPECIFIC VAGINITIS.*

By J. G. Gilchrist, M.D.

The student of medicine, and perhaps many practitioners of experience as well, are liable to error in determining the differential diagnosis between specific and non-specific vaginitis; and, unfortunately, the character of instruction they usually receive while at college, and the brief references they afterward find in the standard text-books, lulls them into a dangerous security in the sufficiency of their knowledge. The security is dangerous, inasmuch as the question may at any time be given them for solution: "Has this woman gonorrhœa, or is it an acute inflammatory attack?" In other words, the good name of a woman will depend upon the decision of the surgeon, and the future happiness of the sufferer will be determined by the accuracy of his knowledge. Innocent men have been deprived of liberty on a charge of infecting children with a gonorrhœal inflammation that they did not have themselves, a simple catarrh of the mucous surfaces of the genitals being mistaken by an ignorant physician for venereal contagion. Innocent women have had their reputations shattered, and been deprived of husbands, home, and friends, by the unwarranted diagnosis that an acute catarrhal inflammation was of venereal origin. It is not necessary to give at any length the disastrous consequences that may follow upon such a mistake in diagnosis; the mere fact that the good name of a woman hangs upon the expressed opinion of the medical examiner should alone compel great care and circumspection. Admitting the serious difficulties that stand in the way of a correct diagnosis, difficulties in part due to the obscurity of the differential indications, and partly to inaccuracies in the statements of the suspected party (whether willful or innocent), I apprehend that in the majority of instances the conscientious and qualified surgeon will not experience much embarrassment in settling the question in his own mind, the propriety of communicating his conclusions to the parties being left to a consideration of the circumstances of each case as it may arise.

Perhaps the majority of students and young practitioners, if asked if they could diagnose a case of gonorrhœa in the female, would unhesitatingly answer in the affirmative. When requested to go upon the stand in court and testify as to the reputation of a woman, with a necessity for, and moral obligation to, give a "reason for the faith that is in them," the same individuals would find themselves placed in an exceedingly embarrassing situation. For the purpose of showing that the difficulties in such cases are not entirely those growing out of inexperience, let us collect the expressions of a few of our best authorities, taking them, as nearly as may be, in chronological order:

Druitt (Modern Surgery, p. 184), says: "Acute inflammation of the mucous membrane of the labia, nymphæ, and vagina, is not infrequent in young girls, as a consequence of teething, or of costiveness, worms, or other disorders of the alimentary canal, and it has precisely the same symptoms as gonorrhœa. * * * As we have recently insisted, all discharges, however produced, may be contagious. Whether, however, a woman has a discharge, or has communicated one, the surgeon must observe some caution before he casts any reflection on her continence." In a previous paragraph our author states: "The question next follows, whether there is any means of distinguishing the simple gonorrhœa, that is, a discharge which does not arise from sexual connection, or which a man contracts from some accidental malady in a clean, chaste woman, from the venereal gonorrhœa, or clap, caught from an infected prostitute. The answer is, decidedly not. The disease of the urethra, however produced, is the same in its nature, the same in its symptoms, and requires the same treatment." This was written in 1847, and it is fair to presume the condition of medical science has improved since that day.

Our next author is John Erichsen (Science and Art of Surg., p. 876). Writing in 1857, he says: "As the disease becomes chronic, however, it is more difficult to determine its true character, it being apt to be confounded with some of those accidental and leucorrhœal discharges to which females of all ages are subject. * * * It must, however, be borne in mind that the discharge in gonorrhœa may be in a great degree uterine, and that that of leucorrhœa may be an exudation from the mucous membrane of the vagina. Under such circumstances, when the disease is chronic, it is almost impossible to arrive at a correct conclusion as to the nature of the case from simple inspection; and in these cases of doubt the surgeon had better give a very guarded opinion, lest he be led into the error of inculpating an innocent woman."

Franklin (Surgery, I., p. 470), speaking in the same manner, concludes: "In gonorrhœa there is high inflammatory action present in and about the external parts, which, as a general rule, is absent in leucorrhœa, and is much less diffused. The glands of the groin, which often become affected in gonorrhœa, are seldom inflamed in leucorrhœa. * * * The uncertainty of the diagnosis should, therefore, be kept in mind by the surgeon while expressing an opinion in cases involving domestic happiness, or which become important in a medico-legal point of view."

Gant (Science and Pract. Surg., 1,102), writing as late as 1871, is as emphatic as older writers, and states: "The diagnosis between gonorrhœa and simple vaginitis cannot be determined by any one symptom or combination of symptoms, nor by the appearances of the discharge on its examination with the microscope."

Gross (System of Surg., II., 959) concludes as follows: "In attempting to form an accurate diagnosis of these diseases (gonorrhœa and leucorrhœa), too much caution cannot be exercised, otherwise there will be great danger of occasionally involving the innocent. A thorough examination should always be made with the speculum—not once, but repeatedly—and the moral character of the woman duly considered. * * * All vaginal discharges are acrid, and intermixed with abraded epithelium; but neither the microscope nor any chemical test at present known is of any avail in determining whether they are of an ordinary or a contagious character." It will be observed that both Gant and Gross repeat the assertion in reference to the microscope in about the same words. The expression was first used by West, in England, some years since, at a time when the microscope as a diagnostic instrument was of less repute than at present. It is true, as we shall see later, that those familiar with the use of this most invaluable instrument were even then prepared to credit it with power to settle this vexed question, and to-day there can be but little doubt about it. Not to multiply quotations, I can note at this place that Helmuth, Lee (Holmes' Syst. of Surg., V, 213), Bufeau, and others, hold substantially the same views as those given above, and rely entirely upon the history of the case as given by the patient, and a consideration of the activity and extent of the inflammatory process. Skene (Diseases of the Female Bladder, etc., 270), while not referring to microscopic characters of the discharges, seems to have more confidence in being able to differentiate, and states, as of chief import, "a difference in history when we can get correct testimony from the patient. Simple urethritis comes on gradually, and is often preceded by symptoms of uter-

* Read at the March meetings, 1880, College of Physicians and Surgeons of Michigan.

ine or vesical disease, while gonorrhœa comes on rather abruptly, and is attended by acute vaginitis or vulvitis."

In Bryant (Practice of Surgery, 634) we get the first intimation, in the more standard text-books, that there are some authentic and constant indications, but the information is meagre and unsatisfactory. He says: "In the female gonorrhœa is to be recognized as a yellow purulent discharge, accompanied by heat, pain, and signs of acute inflammation. The less purulent it is, and the more the discharge is made up of mucus and epithelium scales, the greater is the probability of the disease being due to vaginal irritation other than gonorrhœal, that is, to leucorrhœa."

In consulting the writings of some of the older authors, as H. H. Smith, the Coopers (Sir Astley, Samuel and Bransby), Hunter, Calles, and others, we find that many of the phrases quoted by the authors from whom we have made extracts had their origin with them, and later writers have been quite content to appropriate their language and arrangements, a fault too often observed in medical literature. The special works are those we shall be obliged to consult to find accurate data, and to these we will refer shortly. From what has been said it can occasion no surprise that students are uninformed on these great questions, and that errors in diagnosis are so frequent. Let us now take up a brief resumé of the symptomatology and etiology of gonorrhœa in the female, and then see if there are any features that might properly be considered pathognomonic.

It is well known that the first condition of contagion to be fulfilled is the contact of the infecting agent with a surface capable of absorption. In the absence of an abrasion, it is therefore necessary that the surface upon which the gonorrhœal discharge is deposited must be of an anatomical character to form its absorption. The vagina and genital mucous surfaces generally are precisely of this character, being liberally supplied with absorbents, the activity of the process being much enhanced by the heat of the parts, either from sexual excitement or as a venereal condition. The extent of surface thus brought under the influence of the contagion, and the simplicity of structure as compared to the male urethra, at once secures a shorter stage of incubation, and less violence in the symptoms, with shorter duration than obtains in the case of the male. In many cases the symptoms are confined to the vagina and labia, both external and internal, but occasionally the uterus, urethra, bladder, and ovaries partake in the morbid action. As in the case of men, the disease is observed as passing through three stages, the first being shorter, the second less violent, and the third usually quite insignificant, as far as the intensity of the manifestations are concerned.

Shortly after suspicious coition, varying from forty-eight hours to four days, there will be a feeling of heat and dryness complained of in the genitals, with pain on motion, particularly walking. On inspection the vulva will be found swollen, somewhat sensitive, and the temperature considerably elevated. The parts will be dry, sometimes have an apthous appearance, or some considerable follicular inflammation. On separating the labia the nymphæ will be found very red, swollen, sometimes appearing beyond the vulva, and dry and hot. The vagina will be dry and painful, any attempt at the introduction of the finger causing spasmodic contraction. This quite accurately describes the first or incubating stage.

After the expiration of twenty-four or forty-eight hours, a muco-purulent discharge appears, of a yellowish or greenish-yellow color, thick and usually abundant, with a peculiar and unique odor, thought by many to be particularly distinctive. At first this discharge is almost entirely derived from the vulvo-vaginal surfaces, but later the urethra and deeper structure participate, when there will be ardor urinæ, some tenesmus vesicæ, and the discharge will become somewhat altered in character. It will become more or less albuminous, indicating the existence of an acute cystitis, or extension to the uterus. Speculum examination will at once reveal the source and enable a reasonable prognosis to be made. Thus, should the urethral and vesical complications predominate, the course and termination will be as in an ordinary case of gonorrhœa. When the uterus is involved we may anticipate ovaritis, or even dangerous if not fatal peritonitis. The inflammatory action does not abate, in spite of the appearance of the discharge, but for a time even seems to be increased, until an inspection of the vagina or deeper parts is almost impossible from the intense swelling. The pain is usually severe. To establish a diagnosis with some degree of certainty, the discharge should now be submitted to a microscopic examination. Tactile examination will also show that the morbid action extends very deeply into the tissues; they seem infiltrated, not pultaceous, but tumefied; the surface appears papillated and roughened, and indistensible. Abrasions are formed, assuming all the character of ulceration, and the parts gradually lose their bright red appearance, assuming a dark brownish tint. The inguinal glands may enlarge, and even suppurate.

This stage will continue from four days to a fortnight, gradually losing the purulent characters and becoming more and more albuminous, until finally the pain, heat, and swelling, with other symptoms of acute inflammation, will pass away, leaving a slight mucus exudation, with no particular inconvenience. The tissues, however, will remain thickened for some time, perhaps permanently, and occasionally never regain their original pliability, remaining more or less leather-like. Should there be any scrofulous taint, vaginal or uterine leucorrhœa, or chronic cystitis, may remain. The inauguration of the conditions mentioned above mark the close of the second stage—or the acute-inflammatory—and the commencement of the third, or chronic inflammatory.

The *third stage*, unless under conditions noted above, will usually be insignificant in women, unless the urethra was largely implicated, when chronic urethritis may be set up, and prove very tedious.

We are now prepared to compare the two conditions of gonorrhœa and acute vaginitis, and endeavor to discover some constant differential features. We will take up the following topics, in the order indicated:

(*a*) History; (*b*) Character of the discharges; (*c*) Character of the sequellæ; (*d*) Social position of the patient.

(*a*) *History.*—Anamnesis, as is well known by surgical practitioners, while at all times a highly essential factor in surgical diagnosis, is likewise one which may prove a source of embarrassment and error. As is the case with all subjective phenomena, motives of interest, malice, shame or careless habits of observation combine to render statements made by patients or their near friends, frequently misleading; sometimes the intention is to falsify, but more frequently misstatements are innocent. In the case of women who are guilty of unchastity, it is a rule to attempt deception, particularly when the medical examination is not had on their own motion. It has been stated that much may be predicated from a consideration of the time which has elapsed since contracting the disease and the application for relief. Thus, innocent married women, or young girls who may have been seduced, usually apply for treatment only after the disease has become well-established, when driven to it by the pain and violence of the symptoms; in the earlier stages, they are apt to consider it some ordinary leucorrhœal condition, and modesty prevents their making their trouble known. Moreover, they will usually make application to their family physician, if they have one. On the other hand,

those who know they have been exposed to such an accident, generally apply early for medical advice, and prefer a physician to whom they are either unknown, or who is not their ordinary medical attendant. They are anxious, inquisitive, and at the same time notably secretive. There can be no question that these considerations are of value, and may often furnish a fair presumption of guilt or innocence. To make a diagnosis of gonorrhœa presumable, with reference, of course, to the stage in which the case has been seen, there must be no history of pre-existing leucorrhœa. It is so often the case that accidental occurrences convert a bland vaginal discharge into an acrid one, that this must be of the first importance. Had there been antecedent leucorrhœa, adequate cause must appear for its sudden change to the active inflammatory condition. From the time of supposed infection to the appearance of the first inflammatory symptoms, not more than a week must elapse; every day after the fourth renders the gonorrhœal hypothesis more and more improbable. The duration of this stage should not exceed three days; a longer continuance would cause a reasonable doubt of venereal infection. The second stage should succeed at once, and the discharge should show a predominance of purulent elements, with parenchymatous infiltration, not a mere puffiness, a solid, painful tumefaction. This stage should last at least a week, and the decline of the more acute symptoms should be gradual, with more or less imperfect resolution. The *third stage* may be absent entirely, or a simple prolonged thickening of the mucous and submucoid tissues, with no gleety discharge, or very slight. At all events, the usual cause in acute vaginitis is a complete resolution, without any structural lesion. The presumption is decidedly in favor of gonorrhœa when opposite conditions prevail.

It can be readily conceived that an intelligent woman, with knowledge of her exposure, by very little reading and investigation, could readily present facts to suit her purpose, if seen in the second or third stages, should she desire to do so, either to criminate her husband, or to shield herself. It must be apparent, therefore, that as a sole means of diagnosis history is only of value when collateral circumstances bear out the statements made; and on it alone no conscientious man would be justified in expressing a positive opinion. To add to our data, we must go a step farther, and make a witness of the microscope.

(*b*) *The Discharges* must be carefully examined. As Bryant says, the greater the purulency and the tissue *debris*, the greater the presumption of gonorrhœa. It has long been an established fact in surgical pathology, that the blood of syphilitics, particularly in the secondary forms of the malady, would innoculate non-syphilitics. Just what the morbid elements were long escaped detection; it remained for Prof. Salisbury, of Cleveland, Ohio, to demonstrate the nature of the virus, and his views were first published in the *American Journal of Medical Sciences* for January, 1868. Dr. Delamater, of Chicago, published a very valuable paper on the "Differential Diagnosis" of the conditions under consideration, in the ninth volume of the *U. S. Med. and Surg. Journal*, p. 349, in which this valuable paper is reprinted in full. In this it appears that the microscopic characters of gonorrhœal pus are unique, and can hardly be mistaken for anything else. In addition to the ordinary characters of pus, we find much epithelial tissue, and a peculiar spore, to which has been given the name of the crypta gonorrhœa, which I will describe in the original language:

"I had not pursued this mode of inquiry long before I discovered the spores (Fig. 1) which I had previously found in the pus scattered about among and in the parent epithelial cells; and here and there found filaments, single and in little knots, in all stages of development. These filaments were soon discovered to emanate from the minute spores previously mentioned. In these embryonic filaments (5) a moriliform structure could be observed, exhibiting the outlines of the individual spores, while the more advanced and mature filaments were usually homogeneous throughout their entire length. (6, 7.) * * * In 1862 to the present time (1868) I have worked up carefully several hundred cases in this way, and have made careful drawings and full notes. In all these cases this peculiar vegetation has been found. Believing this plant to be the specific cause of gonorrhœa—not being able to find it in mucous membranes affected with other inflammatory derangements—I have given it the name crypta gonorrhœa.

"Figs. 1, 2, 3, show the spores.

"Fig. 4, developing in the nucleus of parent epithelial cell.

"Figs. 6, 7, 8, filaments; at 8 covered with spores."

Of the value of these observations of Prof. Salisbury, both Drs. Delamater and Hale, of Chicago, furnish ample clinical verification in the same journal. In the face of much opposition the views of the distinguished Professor have now received quite general indorsement, and few who have given the subject much attention dispute his positions. While not entirely germane to the present subject, I will state that Dr. Younghusband, of this city, has recently amply demonstrated the reliability of the evidence of the microscope in syphilitic blood, and as the experiments of Prof. Salisbury were of a similar character, and with similar results in all persons of venereal contagion, his experience is valuable corroborative testimony.

With important facts like the above before the profession since 1850, it will naturally be inquired: Why are our text-books of a recent date comparatively silent on the question? The answer, I think, is easy; for two reasons chiefly: First, the Professor has been undergoing a process of martyrdom and persecution, which is not at all remarkable in medical history. He is now, however, acquiring a tardy recognition, and in Europe, more particularly in the case of Beale and Losterfer, has become quite a conceded authority. Secondly, many surgical writers are not yet prepared to yield to the microscope all that its too ardent supporters claim for it. When they reluctantly ask its aid, a trifling error in manipulation may defeat their object. In proof of this let me quote from a valuable work. Richardson (Medical Microscopy, p. 244), after quoting Beale to the effect that in diluting organic fluids the medicine must be of corresponding specific gravity, it is evident when vaginal mucus is diluted with water there is much danger of altering the appearances of minute infusoria. This is particularly evident when we consider the erroneous impression that long prevailed as to a quite constant object in vaginal mucus, particularly when of pathological origin, what Donne and Dujardin describe as the trichomonas vaginatis. It was long considered either a vegetable spore or a ciliated epithelial cell, because the water caused the bodies to swell and assume forms to warrant this conclusion, and also caused their death, which prevented motion. Our author says on this point that the fluid added should be sugar and water, or a solution of glycerine, which will be of the same specific gravity as the mucus, and preserve the life of the parasites and show their animal character. Quoting Küchenmeister, he says: "It only occurs in women with gonorrhœal discharge, or with an abundant vaginal secretion mixed with mucus and pus corpuscles; never in normal or healthy fluids of the vagina, but only in pathological conditions. * * * From their granulated appearance, their form, size, and structure, the mucus corpuscles clearly resemble this infusorium; they also generally lie in masses together. All these things, with the very sluggish movements of the parasite, have caused it to be very commonly overlooked and confounded with the mu-

cus corpuscles. The prolongation at the anterior end, which is even sometimes drawn out into an eliptical form, and furnished with a delicate long filament (flagellum), distinguishes the parasite from the epithelium. I think there can be no question that under the circumstances there can be little doubt that without the microscope we can have no assurance that a diagnosis of suspicious vaginal discharges is correct. With it, on the contrary, to say the least, there is a reasonable presumption of certainty.

(*c*) The sequellæ of gonorrhœa are neither constant nor of paramount importance. In conjunction with other considerations, they assume a certain value, but taken alone they are far from being reliable. Probably the most pathognomonic condition will be the long-lasting, thickening, and follicular enlargement that characterizes parenchymatous inflammations generally. It is not easy to conceive of an idiopathic inflammation, or even one of a symptomatic character, of the genital mucous surfaces, that would induce such changes in sub-mucoid tissues; still it is possible for such a condition to obtain, and while *only* a bare possibility, still the fact detracts from its value as a diagnostic indication. Condyloma, without stricture, and various other abnormalities of repair or formative action, all frequently succeed gonorrhœa; in short, in bad cases, particularly when occurring in those whose habits are filthy, such sequellæ are to be expected, and are perfectly legitimate; but their existence is not positive proof that the individual has ever had gonorrhœa.

(*d*) Lastly, the *social position* of the suspected party should exercise an important influence in diagnosis. When a charge of rape is set up, it is the duty of the medical man to protect the reputation for chastity of the man, if there is any reasonable doubt as to the existence of gonorrhœa, but not to an extent that would deprive the sufferer from redress had she been the victim of a criminal assault. In girls of a scrofulous habit it is quite possible that sexual commerce, had with only a moderate degree of violence, will set up extensive vaginitis or vulvitis; but to determine the existence of gonorrhœa, the assailant should be shown as suffering from the contagion, and the discharges from the girl show the peculiar characters noted above. It is not in cases of this character, however, that embarrassment occurs. It is when married women charge their husbands with infecting them, or husbands charge their wives with conjugal infidelities, that the question assumes a momentous magnitude. Joined to history, character of the discharges, and a consideration of any sequellæ that may remain, it will be found that the social condition, general reputation for chastity, and domestic relations of the woman, will be of the utmost importance in arriving at a correct conclusion.

It cannot be necessary at this time to pursue this subject at any greater length, the common sense of competent medical men being amply sufficient to amplify what has been merely sketched. In closing, I desire to call attention to an evident fact—that the synthetical method of examination is to be preferred to the analytical, and can summarize what has been said in tabular form:

Acute Inflammation.	*Specific Inflammation.*
Gradual establishment.	Speedy establishment.
Previous leucorrhœa, usually.	No previous vaginitis or or endo-cervicitis necessary.
Manifest cause for change in secretion.	No natural cause for change in secretion.
Evident injury or some adequate excitant.	No history of injury, or exposure to adequate non-specific morbific agency.
Not general; more a local and circumscribed inflammation.	General spreading inflammation.
Confined to mucous surfaces.	Extends deeply, to all the tissues of the part.
Discharge of ordinary mucus character; if pus, not peculiar; debris not very abundant.	Predominantly purulent; crypta gonorrhœa readily made out.
No glandular enlargement; if so, rarely suppurates.	Bubo frequent; often suppurates.
Rapidly subsides in otherwise healthy subjects.	Goes through three stages; resolution imperfect.
Application for treatment made late and to the family physician.	Early application, with trepidation, and to other than family physician.
Reputation for chastity unquestioned; domestic relations harmonious.	Chastity questionable, domestic relations inharmonious
In charge of rape: no gonorrhœa in alleged assailant.	In charge of rape: the assailant must show evidences of contagion.

COLLECTANEA PRACTICA.

By F. G. Oehme, M.D., Tompkinsville, Staten Island, N. Y.

1. *External pressure during childbirth:*

External pressure may be used in order to *produce* labor, and also to *assist in the expulsion of the child*. For the former it was first recommended by Credé, and has been favorably reported upon by others. It is certainly a very effective way and free from evil consequences.

Equally satisfactory and safe is its application for the expulsion of the child. Some time since, I read an article in which I was exceedingly interested, both for its originality and importance. I made a copy, but do not recollect in what periodical I found the case. I quote it literally:

"Mrs. K., wife of a farmer, a stout, healthy looking woman. When the husband engaged me for his wife's expected confinement he expressed anxiety about the event. This was to be her seventh confinement, all of which had been very severe, forceps being used in nearly all. I was called at 8 A. M., June 19, 1876, and found the patient in labor. Upon thoroughly examining the pelvic cavity, I found the superior strait to be very small indeed. I waited patiently till noon; still the head did not engage, with regular and powerful pains every four or five minutes. At 2 P. M. I decided that something must be done. I took a sheet, tore a strip about ten inches wide, the whole length of it, and put this around the patient as she lay on the left side, so that the two ends could be grasped from behind. The husband then took a sitting position on the bed, with his feet (boots removed) against the hips of the patient, and grasped two ends of the wide bandage, the middle of which was smoothly applied to the abdomen of the patient. At each pain I directed him to make traction on the bandage, thereby causing him to press the back and hips with his feet and the abdomen with the bandage, and between the pains to ease up a little, but still to hold firm enough to keep what was gained. The results were, in a few minutes, the head engaged, and in four hours the patient was safely delivered without forceps, child alive and vigorous, and the mother made a rapid recovery."

I have modified somewhat the manner of using the bandage, so as to be able to apply the pressure just to the place where it is most needed.

Fold a bed-sheet lengthwise, so broad that it covers the *whole* abdomen, bring it together back of the patient, have an assistant grasp the *upper* ends with one hand and the *lower* ends with the other, placing one or both feet against the sacrum.

This mode of application has this advantage, that, by pulling more with one hand at the *upper* ends, pressure is exerted more on the fundus uteri; by pulling with the other hand at the *lower* ends, the pressure is applied more over the os pubis. When both hands pull equally a uniform pressure is obtained.

When the head presses hard against the os pubis, so that the progress is impeded by this bone, I use a much stronger pull at the lower ends After the head has passed into the pelvis minor I apply more pressure at the fundus uteri (upper ends of the sheet).

The advantages of this way of assisting were very apparent in two cases which came lately under my care. One was a lady of forty who had had no children for seventeen years, and the other where she had her first child at the age of thirty-two. Both confinements were very slow. The head pressed hard against the os pubis and did not pass this bone until strong pressure was applied at this place; furthermore, the soft parts (vagina, vulva, perineum) were very unyielding The births were considerably shortened by this mode of assistance, and the use of the forceps made unnecessary.

2. *Exanthema caused by Bals. copaiva :*

A young man contracted gonorrhœa, for which his physician gave him *Bals. copaiva*. He was again taken with the disease, and prescribed for himself the same remedy, but took it in very large doses and frequently, to hurry up the cure. When I saw him there was an eruption on the upper portion of his body, which resembled closely in appearance a very intense attack of measles, but with this exception that there was an entire absence of fever and the catarrhalic symptoms. The exanthema spread downward on his body, causing violent itching, and commenced to disappear on the upper part of the body on the third day. The disease was followed by desquamation on the hands, slightly on the body. The gonorrhœa was not in the least affected by the eruption, for which I prescribed *Rh. venenata* (*vernix*) for three or four days.

Query—Are we justified in prescribing *Bals. cop.* for measles, merely on account of the great similarity of the eruption and its course, without regarding the absence of fever and catarrhalic symptoms ?

THE RADICAL CURE OF HERNIA.*

By J. G. Gilchrist, M.D., Detroit, Mich.

Mr. President and Gentlemen:—At the request of your secretary to supply a paper on some surgical topic for this meeting, I venture to ask your attention to a brief exposition of a method for the radical cure of abdominal hernia, which, as far as my knowledge goes, has been employed only twice in this country; once by Dr. Lee, of Chicago, and once by myself. Which of us is entitled to precedence may be a matter for future settlement, but at present I think homœopathy can claim the honor, if it be one.

Of all the conditions, of a surgical character, to which the human family are liable, none has commanded the attention and interest of medical practitioners to a greater extent than that of hernia. Numberless expedients have been put in practice to produce a radical cure, each and all of them ultimately falling into desuetude. Prof. Czerney has recently prepared a modification of some of the older methods, and reports a uniform success in the few cases in which he has been privileged to employ it. A recent number of the *N. Y. Med. Record*, for March, I think, gives his process in full, and states that Dr. Lee, of Chicago, is the only physician in this country who has performed the operation, the cure being speedy and radical. From such information as I can obtain, the presumption is that Dr. Lee performed his operation in January of the present year. If this is correct, as my case occurred in November, 1879, long before Czerney's method was announced in our journals, I can justly claim priority. Presuming my auditors are well acquainted with the various methods that have hitherto been in vogue, and the conclusions sought to be obtained, I will simply call attention to the following typical case without further preface or comment :

Jacob R——, 40 years of age, German, No. 120 Kentucky Street, Detroit, Mich., a patient of my friend and colleague, Dr. Jno. D. Craig. When the doctor brought the case to me, the hernial tumor measured 13 inches in one direction, by 11 in the other. The swelling was firm and elastic on the left side, and pushed the penis far to the right of the median line. It was found to be irreducible, varying but little, at different times of day, in size, but was slightly smaller in the morning. He had a constant dragging and feeling of tension in the lower abdomen, which effectually prevented his doing any work. His occupation was that of a stone-mason. The history of the case was as follows :

Two years ago he observed a swelling in the region of the ring and immediately applied to a physician. A hernia was recognized and a truss prescribed. At this time it was perfectly reducible. He continued his daily work, and from the defective character of the truss, the pad frequently became displaced; his ignorance operating to prevent a perfect readjustment, and his parsimony preventing his applying for further medical aid, the protrusion ultimately became incarcerated and slowly increased in size from day to day. His sufferings ultimately became so great and persistent that he was compelled to give up his work. He applied to two of the hospitals and one of the colleges in this city, but the surgeons refused to attempt any operation. He then went to other cities, ultimately going home to Germany, but none of the eminent men he consulted held out any promise of a cure, or even advised an operation. Under these circumstances I naturally felt some hesitancy in deciding upon radical measures; but upon giving the case close attention, observing his bodily health and condition to be good, and recalling the potency of the medicinal agents we possessed to meet the occurrence of peritoneal inflammation and other accidental conditions, it was finally decided to operate.

November 6th, 1879, in the presence of and assisted by Drs. J. D. Craig, Wm. M. Baily, and a student friend of Dr. Craig, the following operation was performed :

The scrotum was shaved and an incision made through the integument, in the largest diameter of the tumor, commencing at the external ring. The different layers of fascia were raised on the director and successively divided, the antecedent inflammation having fused many of them together. The hernial sac was finally reached, and a moderately large hydrocele was found, partially obscured by the hernial protrusion. The intestine, a portion of the ileum, was found firmly adherent to the pillars of the ring, from old plastic deposit, and the application of the knife was needed to free it. It was then readily returned within the abdomen. The peritoneal investment was much thickened, and all that portion external to the ring was excised. The hydrocele sac was incised its whole length, and treated by the ordinary method of a long incision. The external ring having the edges sufficiently excised by the detachment of the adhesions, was closed, through three-fourths of its extent, by fine cat-gut sutures, the ends cut off close,

* Read before Hom. Med. Soc. of the County of New York.

and the external wound closed. *Hyperic.* 1x was given internally, a dose hourly, and the same remedy applied externally. Temperature after the operation 95.6 deg., pulse 68; on the second day temperature ran to 101 deg. and pulse to 105. From this day both temperature and pulse gradually fell to normal, with a slight rise on the fifth day.

On the fourth day the left side of the scrotum became black and gangrenous in appearance, the left half of the penis being similarly affected. *Arsenic* 6x was given, and in twenty-four hours the parts assumed a natural color. On the sixth day erysipelas invaded the wound, the scrotum became enormously swollen, and suppuration ensued, the pus being very profuse. On the fourteenth day the pus had ceased to flow, the wound was firmly closed, the scrotum almost reduced to its normal size. On December 5th he was dismissed cured, and at this date, April 27th, 1880, remains well.

The points of interest in this case, among many of minor importance, are the entire absence of peritoneal inflammation throughout the whole course of the treatment, notwithstanding the mutilation this membrane sustained, and the entire absence of pain after the operation, even when the inguinal ring had been so freely incised, due to the action of *Hypericum*.

MERCURIAL GLOSSITIS, RESULTING IN ABSCESS—SPONTANEOUS EVACUATION—RECOVERY.*

By E. Carleton, Jr., M.D., New York.

Mr. Charles T., aged 23, the subject of this paper, and present this evening for your inspection, took half a grain of blue mass at a dose till he had taken five doses, at intervals of one month. This was by his own prescription, "for biliousness."

Soon after taking the last dose his neck became stiff; his throat assumed a dark red color and felt hot and contracted; deglutition difficult and accompanied with a "cracking" sensation; tongue rapidly enlarged, salivation, followed by thick sordes on the tongue and a slimy appearance as far down as he could see, and a sense of suffocation, especially when attempting to lie down. He also felt nocturnal bone pains, and perspired freely when warm in bed or when making slight exertion. The tongue was not so large as to force the mouth open. These symptoms had become fully developed thirty-six hours after invasion.

Though hardly able to be dressed, and advised by friends to quit business, he stuck to his post—the cashier's desk, where he could sit constantly—and employed no remedies.

The next day, the 13th of last month, while sitting at the desk, he suddenly began to spit out mouthfuls of thick, salty, yellowish green pus, mixed with blood. This caused a panic, and consequently I saw the case.

My attention was immediately drawn to a hard, glistening, nipple-shaped aperture in the centre of the upper surface of the tongue, its altitude and diameter each being about two lines. The aperture connected with a cavity in the midst of the muscle, and had given vent to the pus. In consequence of the discharge, the tongue had subsided to near its proper size and the patient felt relief from the sense of suffocation. Aside from the unusual symptoms recorded above, the case was then apparently one of ordinary mercurial poisoning.

I assured the man that the worst was over, got a history of the case, explained to him that he had carried his proving of the drug to such a degree as to endanger life, and gave *Hepar* 200th every three hours for a week. He then exhibited great improvement in all respects; consequently the medicine was stopped. Improvement continued. To-night, little evidence of *Mercury* can be detected in him. Especially is this true of the subjective symptoms. His tongue is not perfectly healthy yet. A slight, hard elevation exists where the aperture was, but is diminishing.

Systematic writers regard glossitis as a rare form of disease, excepting, perhaps, the mercurial type, which (according to some) may involve the mucous membrane only. In Holmes' "Surgery," vol. III, page 900, it is stated that "Acute inflammation of the tongue, attended with sudden enlargement, is a disease occasionally seen. Mr. S. Cooper remarks that it may arise spontaneously and without any apparent cause, or else from some particular irritation, such as that of *Mercury* or some poisonous substance.* He mentions that, in the middle of the seventeenth century, Schlegel, who was in Paris, saw a patient in salivation whose tongue became so enormously enlarged that the mouth could not contain it. Pimprenelle, an eminent surgeon of the time, was sent for, and amputated one-half of the organ, a measure which Louis justly criticises as extremely violent.

"The disease to which I now refer, however, proceeds from occult atmospheric causes. The swelling is sudden, perhaps occurring during the course of the night, and it produces feelings of threatened suffocation, having been preceded by loss of appetite and a general sensation of *malaise* for a few days. The first case which came before my notice was that of a gentleman, aged 60, of remarkably abstemious habits, living chiefly on vegetable diet; the second that of a young married lady, residing in lodgings in a healthy part of London. In this latter case the swelling of the tongue was so great that the mouth could not be closed; the teeth became coated with sordes, and a profuse watery, and highly fetid discharge flowed without intermission for many days. The patient feared to close her eyes in sleep, and so difficult was the respiration that at one time the question presented itself whether it might not be necessary to make deep incisions into the swollen organ, or even to open the trachea. * * * I saw about the same time two other cases in St. Bartholomew's Hospital. In both the disease was rapid in its course, the accession lasting but a few hours, and the swelling usually subsiding within a week.

"But during the period of acute œdema of the tongue the patient may die suffocated, and the surgeon should bear in mind that such an accident may be prevented by his making free and deep longitudinal incisions into the swollen organ. * * * [The Hahnemannian surgeon would make comparisons with *Apis* before resorting to the knife.]

"I have not known tracheotomy necessary," continues Holmes, "in such a case, although the symptoms might possibly be such as to demand it. * * *

"In the Museum of Guy's Hospital there is a preparation of a tongue, weighing two ounces and three drachms, removed by ligature by the late Sir Astley Cooper, in consequence of enlargement following salivation produced by mercurial medicines in the treatment of syphilis. And another preparation (1,672) illustrates the extreme effects of *Mercury*—namely, mortification of the organ, a result extremely rare, and due to the injudicious and long continued administration of this powerful agent."

Gross speaks of glossitis from abuse of *Mercury* as "common," which is hardly complimentary to the latitude of Philadelphia (doctors).

Druitt mentions a case of sudden enlargement of the

* Read before the Homœopathic Medical Society of the County of New York, May 12, 1880.

* Surgical Dictionary, ed. 1830, p. 1102.

tongue "without any symptoms of inflammation properly so-called," which "proved fatal in spite of bleeding, leeching, *Calomel*, and incisions;" and another which recovered—the only case Dr. Tuynton "had seen in a practice of forty years;" and one seen "by Mr. Collins in a pregnant woman, cured by an incision in the raphé on the under surface."

Dr. M. A. Wilson, of North East, Penn., reported a case of glossitis at the last annual meeting of our State Society. The subject, an elderly man, waded a brook, thus contracting a severe "muscular rheumatism of the hip." Hot applications relieved this, at the same time producing metastasis to the tongue. *Quinine*, given freely for several days, did not help. Then the old school doctor was discharged and Dr Wilson called. The latter writes to me as follows: "I found him with swollen and protruded tongue of a bluish cast, face livid and expression painfully anxious; saliva was dribbling from the open mouth, the limbs were œdematous to the knees, the pulse was weak and under fifty per minute, and the whole picture was distressing to behold. He had taken no solid nourishment, and had not lain down for several days on account of the intense pain in the head produced by the lying posture. Subjectively, the chief symptom was a sense of a band about the head. There was also a great desire to loosen things about the neck." *Mercurius sol. H.*, third cent. trit., a grain every hour, cured speedily and permanently.

The Doctor remarks that "the remedy was diathetically, pathologically, and symptomatically homœopathic to the case, and the use of general 'tonics' is irrational and of only temporary benefit at best, while every remedy is a tonic to the condition which it relieves, no matter how destructive its physiological action may be." He might have added a warning against the danger of producing metastasis by local applications

Our veteran colleague, Doctor Edward Bayard, tells me that about thirty years ago a peculiar and terrible epidemic raged through the central and western part of this State. He then resided and practiced medicine at Seneca Falls. Old and young were stricken. With some it took the form of malignant scarlatina; with the rest it was erysipelas of the face. The prevailing old school treatment of the latter included painting with *Iodine* and large doses of *Mercury*. If the erysipelas left the face under this treatment, it was followed by rapid swelling of the tongue, which turned black, and the patient was then said to have the "black tongue." Death from suffocation invariably followed, and that quickly. Whatever the form of disease presented, the mortality was terrible. Pure homœopathy lost not one case of either scarlatina or erysipelas, but saved many; and as a consequence many conversions were made to the true faith and practice. Potentized drugs, commonly in the thirtieth centesimal degree of strength, carefully selected according to the law of similars, did the business. These cases of "black tongue" were clearly metastatic mercurial inflammations, resulting probably in mortification, like the specimen in Guy's Hospital mentioned by Holmes.

Turning now to the literature of abscess of the tongue we find this still more rare than inflammation of the tongue. Holmes writes: "I have seen very few cases. One case was of a lady of middle age under the care of Mr. Stanley. She had a firm tumor, the size of a large pea, imbedded in the substance of the tongue. Considering the patient's age, and the symptoms attending the formation of the tumor, Mr. Stanley could not dismiss from his mind the idea of carcinoma. But its situation in the middle of the substance of the organ militated against that idea. He made an incision into the mass, and a small quantity of healthy pus escaped. The wound cicatrized, and the lady has continued in good health for many years since. Mr. Erichsen says: 'Abscess of the tongue, though rare, occasionally occurs. A boy was brought to me some time ago, with an elastic, fluctuating tumor of slow growth, and about the size of a small plum, situated deeply in the centre of the tongue. On puncturing it about half an ounce of healthy pus was let out, after which the cyst speedily closed.' Other similar cases are met with scattered through medical literature, and they show that the gland follicles of the tongue are liable to suppuration."

Gilchrist writes: "Dr. T. C. Duncan had a case of abscess of the tongue. The abscess was situated in the centre of the tongue. It was about the size of a large pea and presented a red base; cause, a cold; remedy, *Hepar*."

There was a fatal case of abscess of the tongue in this city last winter, occurring in the practice of our colleague, Dr. St Clair Smith. The subject was an elderly gentleman. I believe he had some fever, debility, and local distress. In a few days the abscess matured far back in the tongue emptied spontaneously, and the pus running downward, death from suffocation ensued.

The case I show you is clearly one of glossitis. Its history and symptoms show that *Mercury* caused the trouble That the abscess resulted from inflanimation, I presume no one will deny. The case seems, then, to be unique. The records give cases of glossitis, mercurial and non-mercurial, ending in resolution or death. Those quoted by Dr. Bayard were of mercurial origin, resulting in mortification, probably, and death. Doctor Smith's case was non-mercurial, resulting in abscess and death. The other cases of abscess were not preceded by mercurial glossitis.

My reasons for giving *Hepar* were: First, its similarity to most of the mercurial symptoms mentioned; second, the "cracking" sensation in the throat when swallowing, which comes very near the characteristic "pricking" sensation of *Hepar;* and third, page 338 of Lippe's "Materia Medica," symptom 105 of *Kali hydriodicum*—"After abuse of *Mercury*, pain in bones, catarrh, against the abuse of *Kali hydriodicum* in massive doses, *Hepar s. c.* is the best antidote."

JOURNALISTIC ORTHOGRAPHY AND GRAMMATICAL CONSTRUCTION.

By E. N. E., of Baltimore, Md.

Our subject should demand the attention of the medical profession; but on the contrary it has apparently escaped serious consideration. *Should be* and *is*, rarely affiliate; the former is the millennium, the latter the year A. D., 1880.

Medical journalism as it exists is capable of higher intellectual development. We have not yet reached the acme of medical culture, and probably never will; but even in the face of this discouraging suggestion, we may clamber far enough up the hill difficulty to reach the arbor mediocrity. Some of the scapegoats of literature find a welcome in the ranks of medical journalism. Let some of our contributors attempt an illumination of the pages of the *Atlantic, Scribner's*, or *Harper's Monthly* with their brilliant ideas, orthography, rhetoric, syntax and prosody in combination, and I very much fear a certain oblivious repository (the waste basket) would contain nothing combustible enough to ignite from contact with such dead cinders. In fact, you can find nothing in journals of this class comparable to some productions that appear in some of our *standard medical journals*.

In the world of social literature, certain productions and certain periodicals exist that only serve by their blank barrenness of originality, bad grammar, poor rhetoric and worse spelling—their titles are like so many sign boards of danger over thin ice— but they

only serve, I say, by vivid contrast, to make us appreciate true merit and genius the more. They are like heat lightning that pales into insignificance before the lurid flash that rends the mighty oak with its incisive potentiality. This comparison obtains always, provided our circumstances permit; provided our education is sufficient; provided we possess sound judgment. It is those who lack judgment that should be protected from such impositions. This ante-penultimate fact applies equally to medical journals; and one fact still worse than this is noticeable, a most deplorable fact: In our standard journals we find here and there among the genuine articles, spurious attempts, pitiable bunglings, and incorrect statements. For the class incapable of detecting the fraud, the poison is absorbed with the nourishment. For those who appreciate the ring of the true metal it is annoying, often exasperating. Glance over a few pages of some of our accepted periodicals, and we are astonished to see such ignorance displayed, where we would expect knowledge if not erudition. Let us select an example, viz: "Dear Sir:—I have spent a good part of spring, summer and autumn in the most delicious abode, where I am sure every *invalid* who *have* wintered in the South of France, or in Italy, and who *are* too delicate to return to Paris, or Switzerland may rest with benefit. * * * The *hotel* which has been built by my late friend ——, the proprietor of this establishment, *afford* large rooms well ventilated." (The italics are mine.) "There is a hydropathic establishment and cold sulphur, ferruginous water, which gave the most beautiful result during the time I *stay* in the place, particularly chronic rheumatism, skin diseases, chronic eczema, etc. There are nice and beautiful excursions in the neighborhood, etc."

Certain rules must be observed in the simplest written arrangement of ideas.

Language is at best but a poor medium for conveying thoughts, but when personality is so confused that we are in doubt as to meaning, we will be doubly puzzled to interpret the author's idea, and if, in such case, the production pass the proof-reader, we may anticipate the grossest mistakes throughout his journal, and must accept them as a natural sequence.

We resort to a few more illustrations, viz: "The other infants had phthisical *mothers* who *nurses* their babes for a longer or shorter time." "As the *cause* for general dropsy or anasarca, *are* for the most part mechanical, etc." "How these persons are made susceptible to the peculiar *influence* of an epidemic contagion or infection, is not so clearly understood, but enough is known to make it clear that *they are* propagated in various ways." *They*, of course, represents *influence*, and "propagated" refers to *influence* and not to *persons*; though we might suppose the latter. Again: "The whole atmosphere is poisoned by the peculiar *emenations* that arise from the sufferer, and no doubt *exists* in the atmosphere prior to the manifestation of the disease," etc. In addition to the subject and predicate disagreeing, the subject *emanations* is incorrectly spelled. "The *causes* of diputheria *has* occupied much time, etc., * * * and its *effect* upon the public health *are* being made known," etc. "I can only speak for myself, but he has every disease woman is heir to, and I suppose every one has a different treatment or partly so." What an absurd sentence; comment is unnecessary. Such sentences as the above are constantly appearing in some of our journals, and what is still worse, some things are allowed to be printed that impress the reader with the idea that either an imbecile or an inebriate must have written them. A thoughtful man would not have written such a senseless string of words as the following: "It has been said that medicine is not an exact science, but I claim the right to doubt it. At any rate, there are many certainties and there are less uncertainties than there appear to be about certain, even *many* other other things that later were easily explained."

The application of ordinary common sense would have prevented the appearance of such sentences as these: "When I first met he was somewhat thin in flesh, but now presents more than him ordinary good appearance." "I felt sure the remedy that had served me so well for years and its symptoms a perfect similimum of menstrual colic.—Veratrum album would cure."

The following sentence requires a key to unlock its meaning; like the ancient talismanic abracadabra, common mortals cannot divine its import, viz: "In the non-puerperal uterus the site of deep-seated chronic diseases have likely that decomposing menstrua retain in the displaced organ, with its loss of epithelial investment should become a source of infection and at least affect the infiltrated connective tissue, acting as a ferment." The following mistake results from negligent punctuation: "Was called to see a Mr. W. aged about thirty-five tall," etc.

Another great fault is found in the indiscriminate use of adjectives for adverbs, and *vice versa*; nouns for verbs, and *vice versa*, and the general indiscriminate use of words. These will suffice as examples, viz: "Efficacious in arighting the system and start(ing) anew the vital machinery," etc. Observe, for one moment, the construction of this sentence: "For twenty-four to forty-eight hours she would suffer *horrid* pains; vomit till her strength was gone, flesh cold, unable to sit up but little for a week." This, of course, should be embodied in two sentences, otherwise, as it now stands, the sentence is governed by the first idea uttered, and the whole group of occurrences are embraced in the "twenty-four to forty-eight hours." "*Horrid* pains;" how like the petulant expression of a boarding-school miss.

Here is an example of the misuse of *that* in a sentence referring to medical compounds, viz: "In fact, I know of a number *that* aloes is one of the principal ingredients." It is hardly necessary to suggest the use of *in which* as a substitute for *that*. "The wise man would not steal whether there were a statute book or *no*." The grammatical sense is destroyed by the omission of the letter *t*. Fancy the dismay of the poet when he finds the most touching episode in his poem thus annihilated:

> Why drop that bitter, scalding tea,
> Upon thy lover's breast?

What a difference the omission of one little letter makes; the farewell tear of love and affection is converted into common, boiling table tea. The word city in the possessive, singular, is spelled citie's. Maternal is used for paternal. Childhood and youths for childhood and youth. Comparative for comparatively. Awful for awfully. Stereotype for stereotyped. In for into.

One of the worst mistakes, or at least the most noticeable, is the incorrect use of verbs: "Dr. Shipman, who *done* the cause in America great service," etc. Had such a mistake been made by a man lacking education, a man making no pretensions to learning, we would only smile and pass it by; but the perpetrator of this error is both an editor and an author, and makes pretensions to being not only an educated man, but a scientific man. We therefore do not treat such a mistake lightly, but censure its author for not having studied the first elements of English grammar before attempting to palm himself off on the medical world as a scholar.

Correct spelling indicates thoughtful study, or a superlative memory; incorrect spelling displays gross carelessness or lack of an elemental education. There is no reason why such errors as the following should have occurred, for a large number of them have been repeated; they, therefore, show either an ignorant writer, editor or compositor, or all three: Œdema is

spelled æderma; fontanelles is spelled frontanelles; persistent is spelled persistant; uræmic is spelled uralmic; erythematous is spelled erythimatous; arsenious acid is spelled arsenos acid; pillulæ is spelled pillalæ; varicosed is spelled varacosed; plexus is spelled plexas; fulminating is spelled fullminating; scourges is spelled scurges; felix mas is spelled filix mas, (twice); nitrite of amyl is spelled nitrate of amyl, (twice); salicylic acid is spelled salicylis acid; pulsatilla is spelled pulsatils; Sœlberg Wells is spelled Solberg Wells; Baudelocque is spelled Baudolocque, (three times); paracentesis is spelled parasceteses; hydrocarbon is spelled hydrocarben; hysteria is spelled hysterea; iodoform is spelled idoform; Da'Costa is spelled Decosta; tenesmus is spelled tenemus; anus is spelled anis; sedatives is spelled seditives; combating is spelled combatting; bifurcation is spelled biferation; vaseline is spelled vasaline, (four times); therapy is spelled theropy; uterotome is spelled utertome; emanations is spelled emenations, (frequently); emanating is spelled emenating, (frequently); multiparæ is spelled multa para; sphere is spelled spere, (four times); sensitive is spelled sensative, (four times); opisthotonus is spelled opisthotonous; prescription is spelled perscription.

Having shown some of our journals to be so full of errors, it is but fair that I state the number of journals and the length of time occupied in collecting these literary deformities. All of these were culled from two journals, with two or three orthographic exceptions, during three months only. Remember, these journals are, of course, simply used as examples, types of a class—a class of which they are most worthy representatives. Another fact is also worthy of mentioning, these periodicals both have a wide circulation and a long list of subscribers. Ought such a condition, then, to be permitted?

An educated man can not read mistakes such as have been mentioned, without rasping the grinding facets of his mental mill-stones; metaphorically, they "set his teeth on edge." Imagine the effect on a sensitive, fine-grained, musical organism, like Beethoven, Gounod or Mendelssohn, to have under his window a discordant hand-organ rattle off the "Miserere" from "Il Trovatore" in allegretto movement, with tambourine accompaniment; imagine the effect upon such a nature and you can appreciate the effect of gross literary errors upon a well educated reader. We might suppose such mistakes were only "*lapsis pennæ*," if they did not occur so frequently. Our conclusion must therefore inevitably be, that the cause of the effect we have noted was either superlative carelessness, or ignorance.

We have too many medical journals. As the quantity increases, I am afraid the quality perceptibly decreases. We want the same thing in journals that we do in milk—quality more than quantity.

A great many of our young practitioners are like hens—the moment they imagine they have made a remarkable cure, or have been delivered of a new idea, they begin to cackle and rush to the journals with a great amount of noise about what may be nothing but an eidolon, after all. Thus our journals frequently contain a great deal that serves for no purpose but to elevate the self-esteem of this class.

This is another mistake that should be rectified by accepting productions only of sterling merit. It would be well for this class to read the advice of Dr. Oliver W. Holmes to amateur essayists, in his "Autocrat of the Breakfast Table." We may talk and not exhibit our orthography; we may take liberty with rhetoric and construction—all of us do more or less—but when we take up the pen, all the mists clear away, and the educated public will fathom our elemental education.

Be circumspect; do not rush too impetuously into the fray. If our lion's skin does cover only an ass, let us not try to roar or prick up our ears with the assumption of wisdom, lest our roar becomes a bray, or our asinine ears suddenly appear.

CLINIQUE.

A CASE OF CHRONIC RHEUMATISM.*

By C. H. Viehe, M. D., Freelandville, Ind.

In reporting cases from the field of practice, our purpose should never be to boast upon our personal skill, though it is a just cause of pride for a practitioner of medicine to know that he is, or has been, the benefactor of human individuals; nor should we therewith aim to give a model mode of treatment for others to follow the same manner of treatment, though in many cases it may be wise to do accordingly.

But one great end in reporting cases should always be to show the efficacy and superiority of the theory by which such treatment is guided, and the aptitude and propriety of the administered medicines used in such cases.

We all know that experience teaches lessons more thoroughly and with more conviction than even the best and most honored professors in their pulpits; and if it were not for experience, that would justify our homœopathic law of cure, on what should we depend or rely in claiming our stand-point to be at least coordinate, and, in many respects, superior to any other treatment, even to the venerated allopathy? Experience, based on this sound and immovable cornerstone of homœopathic laws and theory will, before any and all jurisdiction, stand the proof. This applies as well to homœopathy as a whole, as to each member of our noble profession.

The following case is adapted plainly to illustrate the value of homœopathic remedies and modes of treatment.

On the 11th of Jan., 1879, I was called to see L. R., who had been down with rheumatism for at least nine (9) months. At my arrival I found the man as follows: Age about 30 years, middle sized stature, married, had a wife and three children; was very much emaciated; pulse rapid; right thigh wasted away very much; was not much more than one-half the natural size; lower legs badly swollen; knees stiff and bent on account of contraction of the flexor muscles; bad pain in legs, back, chest and hips; could not walk a step. On the feet and hands was found an exudation that had dried and turned yellowish looking, dirty, and could not be washed away. Bowels irregular, mostly constipated. Had been under allopathic treatment for nine months but received no benefit from the same whatever. He had to stay in bed most all the time, and could not get out without the aid of his robust, stout wife.

I was at once convinced that the case was *chronic rheumatism*, with all its concomitant symptoms. I gave him *Rhus t.* 4x. and *Sulphur* 3x. After using these medicines about one week, improvement set in. When I saw him again on the 18th of Jan. he felt some better. At asking him if he was able to walk a little, he replied, "Oh yes," clung to his wife's neck in order to get out of bed, and showed me how he could walk a few steps.

I now gave him *Rhus t.* 6x. and *Nux v.* 30x., to be taken twice each per day. On the 1st of February he was reported to be better in every way. Gave him now *Rhus t.* 31x. and *Nux v.* 200. March 10th—better in every way, and has a decidedly better look; gave *Nux v.* 30x.

April 10th.—He feels some better. I sent him *Rhus* 3x. and 200. May 2; he is fleshy, and improving in every respect. *Sulph.* 30 June 21—legs not any more swollen; some pain in hips, moving down the thighs, bowels somewhat irregular Gave *Nux v.* 3x. and *Rhus t.* 3x. About this time he came riding up to my office

*Read at the 14th Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.

and I found him to be very decidedly better, so that he had gained so much use of his legs that he could stoop down and pick up anything from the floor, without any aid or support, and his weight being heavier than before his disease

Since that time he has slowly but steadily and gradually assumed his occupation as a farmer, and as much as I know of him at present he is nearly well, though there may be some very slight stiffness in his joints remaining yet. As an external application I have used nothing but water as a bath, turning from warm to cold in a gradual manner.

This is one of those cases that do not pay in coin and money, as the family is very poor, needing support of the township, but by gratification and spreading of good reputation as far as doctor and treatment is concerned.

In concluding this paper I wish to draw your attention to the following points:

1. That we ought not to be without hopes of curing even in seemingly desperate cases.

2. That a few remedies well selected and properly administered may bring about a miraculous success. *Nux* and *Rhus* were the main remedies in this case. *Sulphur* was given on the ground that a scrofulous habit was suspected. *Rhus* applied to the growing worse of the condition in damp weather, and was better on motion. *Nux* for numb and lame feeling all over, bad pain in back, enervated state of body, constipation, etc.

3. That abundant success of homœopathic treatment will overcome all obstacles, and will make plenty of room for spending bless ngs and earn gratitude.

FOREIGN BODY IN THE RECTUM.

Laparotomy-Cure.

This patient (*Le Prog. Med.*) at present a woodcutter, formerly a sailor, had been in the habit of employing tampons in the rectum for the purpose of preventing incontinence of fecal matter, the result of two attacks of dysentery. He always took the precaution to surround the plug with linen, and with the pendant ends could easily remove it. One day, not having any cloth, a cylinder of cherry-wood 10 cms. long and 8 cms. in diameter, slipped into the upper part of the rectum and remained there. All efforts at removal only drove it further on. In this condition he was brought into the hospital and placed under the care of M. Verneuil No marked symptoms were present, but the mass was beyond the reach of the finger; by external manipulation it could be detected in the left iliac fossa. It was too high for linear rectotomy to be of any service; laparotomy was finally decided on. It was determined that if the intestine was sound to incise it, remove the foreign body, suture the intestine and replace it in the abdomen; if, on the contrary, it was found to be injured, to attach it to the abdominal wall and establish an artificial anus.

The foreign body was found fixed in the upper part of the rectum, surrounded by a swollen mucous membrane due to obstruction of the return circulation, immobile, resting in its long diameter from before backwards, and simulated an enlarged apophysis. On account of the immobility of the rectum, the first plan of operation was abandoned. Fortunately, they succeeded in reversing the foreign body, and the physician who was practicing the rectal exploration received it upon his finger. While the mass was fixed by the hand of an assistant, M. V. attempted to seize it with a pair of tonsillar forceps or to fix it with a gimlet or screw; every attempt failed, and linear rectotomy was performed, after which the mass was finally dislodged with an extractor. The mass was seized with a strong forceps, but the frequent slipping of the instrument off the smooth surface rendered the operation long and tedious before the foreign body was finally removed. It was followed by very fœtid fecal matter and a small quantity of blood. The results of the operation, thanks to the precautions taken during the manipulations, and the washes employed, exceeded all expectations; once only did the temperature reach 100 4 deg. F. The external wound, opened under Lister's plan, healed, with the exception of a small fistula by first intention; there was not the slightest complication in the rectal wound, treated as it was by *Chloral* injections every two hours by means of a rubber catheter permanently retained in the rectum. The chronic dysentery, the cause of all the trouble, was cured. (T. M. S.)

VACCINATION.

M. Hervieux (*Le Prog. Med.*) presented a report on this subject to the Academie de Medicine, following which M. Paul said: That we should not insist too strongly upon the value of small-pox cicatrices and upon the secondary eruptions of vaccination. These cicatrices, in fact, do not give an immunity against small-pox. As an example of this he mentioned the fact of the vaccination of the soldiers of a Turkish regiment, where all those who had previously had variola were vaccinated with success. The secondary eruptions of variola are equally important; for in human vaccination we always see secondary eruptions, which are produced on the eighth or ninth day of the vaccination, and characterized by papular forms, accompanied with fever; they disappear two or three days after, without giving rise to any accident. Those who have experimented with vaccination upon the cow, know how much more frequent are the secondary eruptions; they are characterized by a local eruption with fever (that is, discrete pustules developed upon some points of the body). The experiments undertaken by M. Depaul upon man, have given him no less positive results: The virus was introduced into those persons attacked with varioloid, and the results conformed perfectly to those of vaccination, that is to say, the pustules showed themselves at the inoculated points at the same time, although not always, that the discrete pustules appeared upon different points of the body.

M. Hervieux thought these secondary eruptions might equally be vesicular, urticarious.

M. Broca was ignorant whether one race was more prone than another to contract variola; but wherever it was known, Europe, South America, Polynesia, etc., it had caused terrible ravages. It has always been so, whatever the race, who for the first time received the fever. As to the secondary eruptions, he had recently observed them in his service at the Necker Hospital. It was in the case of a woman, suffering from an inflammatory abcess, which was punctured and treated with *Iodine* injections; on the morrow after this light operation, the patient complained of a general malaise; on the next day she had fever; three days after papules appeared upon different parts of the body. At first, he was inclined to attribute these accidents to the *Iodine;* then he learned that on the same day he had operated the patient had been vaccinated. There was then no doubt but that it was a secondary eruption of vaccination. The points of application upon the arm were not so well developed as the greater part of the general papules upon the body. This varioloid lasted only a few days; the points, one for each arm, finally gave place to a large pustule.

M. Pasteur, said that M. Alph. of Candolle, had presented an opinion on all these points similar to that of M. Broca, relative to the immunity acquired in regard to certain virulent maladies, and variola in particular. The Europeans, according to this author, owed the relative immunity which they enjoyed to the fact that they are the issue of numerous generations of variolus

parents who have resisted the disease. M. Pasteur thought this question would be clearer through his own experiments in regard to the chicken cholera; we will see whether the young hatched from the vaccinated fowls will be less liable than their parents to contract the disease. As to the question of a common origin of the variola and vaccine, many physicians believed that this connection did exist, while veterinary surgeons thought they were independent states. He, however, thought they had a common origin; and based his belief on his recent experiments; where a virus was developed in a disease of such an active nature that it destroyed all the animals inoculated with it, but from this he had obtained a diluted virus by the inoculation of which he protected the chickens from the most virulent virus by a sort of true vaccination. He obtained, therefore, a true vaccine of the chicken cholera; and thinks that the results of his experiments upon this disease have another value than the vague impression of physicians who believe in the common origin of cow-pox and variola. Nothing has as yet demonstrated the truth of the opinion of Jenner that the horse-pox and cow pox are nothing else than human variola modified by its passage through the animal organism. His experiments would seem to prove that we may be able to pass the variola virus to the vaccine virus by successive attenuations, without the intervention of animal organisms.

M. J Guerin said he had demonstrated the fact that the vaccine is not a special virus, but the product of the inoculation of animal variola upon man.

M. Blot thought there was no connection to be made between the chicken cholera inoculated by M. Pasteur, and vaccine inoculation.

M Depaul recalled certain epidemics of variola in which the epidemic began in animals and then attacked man, and *vice versa*. The virus did not attack all alike, and M. Pasteur has no authority to conclude from his experiments in the cholera, in regard to that which happens in variola and vaccination. How does M. Pasteur know the microbe is the cause and not the effect of this disease? There is nothing to prove that the fowls inoculated with the treated liquid have died of cholera; on the contrary, there is nothing to prove that they have not died from the inoculated poison. (T. M. S.)

AURAL SYRINGES.

I lay it down as a rule, from which there is to be no departure, that no ear should be actively syringed unless there is something in it that it is important to remove. It therefore follows, as a matter of course, that if the physician cannot examine the ear and determine that there is something in it that needs to be removed, he is not competent to advise for the case; and also that if, in despite of this inability, he prescribes syringing, he does so blindly, at hap-hazard, ignorantly, and is guilty of malpractice (bad practice), even though no appreciable injury is sustained by the patient.

What, then, are the things that we are to remove from the ear? They are foreign bodies, however they may have gotten in, wax, and pus, which last may be either dried and caked in the auditory canal, or in process of constant formation and discharge.

Nearly all the objects that enter the ear from without may be removed by means of the syringe, and no one who has not given careful attention to the treatment of aural diseases should ever resort to any other method of removal.

Small hard-rubber piston syringes of various styles are also sold for the ear, one of which, called the "ear syringe," is in careful hands a good instrument. I have used one of this sort, holding about 1½ ounces, for years, and find it sufficient for all ordinary purposes. No one can use such an instrument satisfactorily and safely on himself.

The Davidson syringe, besides its ordinary uses, is the best attainable domestic ear-syringe, and is as good a douche for the ear as we need.

Warm water of about the temperature of the blood (98½° Fahrenheit) is sufficient for all ordinary purposes. (Nothing cold should ever be put into the ear.) When there is a purulent discharge a solution of borax (one or two teaspoonfuls to the pint) may be used, as it is both cleansing and healing. This or a solution of the carbonate or bicarbonate o soda is sometimes used to soften wax, as the alkali somewhat increases the solvent power of the water; but this is seldom needed. Castile soap may be added to the water, but, as a rule, it is better to avoid fluids containing organic material. (For the same reason it is unwise in earnche to pour in oils, molasses, or such substances, as they make the ear dirty, and so favor the development of disease.

For ordinary syringing the temperature may be about 98° Fahr.; for the douche, for the relief of acute inflammation, it may be somewhat warmer, but in any case the feelings of the patient are the only safe guide. (J. S. Prout. Proceedings Kings Co. Med. Soc., June, 1880, p. 176.)

Union by the Third Intention.—A method of rapidly healing healthy granulating surfaces, where the surrounding skin is loose, by bringing the edges of the sore together with silver wire sutures, introduced into the skin for quite a distance on each side, but not beneath the ulcer, the granulations uniting by pressure.—*Br. Med. Journal.*

Cheiloplasty without a Notch.—Incisions semi-lunar, convexity outward, lower ends well away from the fissure, with a generous removal of lip-tissue, which is easily and entirely compensated for by the normally great elasticity of the part.—Prof. Dawson, *in Cincinnati Lancet.*

During the past winter, Prof. Billroth has removed a full-grown fœtus, with surrounding fibrous cyst-wall, from the abdomen of a woman who had had a diagnosis made, two years previously, of extra-uterine pregnancy, by Prof. Brown. The body was almost entirely composed of adipocere. Although many firm adhesions, the result of repeated attacks of peritonitis, were ligated, the woman did well.

Supra-Pubic Lithotomy.—An argument for the above operation, in young persons especially, is the frequent sterility resulting from perineal operations.

Glycerine as a Food.—According to recent German experiments, the ingestion of glycerine has no effect on the elimination of nitrogen, but may increase the excretion of carbonic acid 7 per cent. It may thus be regarded as a heat-food, but not as a tissue-food.

Prof. C. Told finds that the beginning of the seventh month in the fœtus is marked by the eruption of hair upon the extremities and ossification in the calcareum, while ossification of the lower epiphysis of the femur does not take place until the beginning or middle of the ninth lunar month. At the end of the tenth month, a point of ossification often shows itself in the upper epiphysis of the tibia.

Thrombosis in Phthisis.—Case reported, in Cincinnati *Lancet*, of a female patient, æt. 28. Previous history good. In hospital two months, with swelling of right leg, extending up to knee, with tenderness, severe pain, and lowered local temperature, with, finally, a moist gangrene of foot. Death from asthenia. *Post-mortem* an adherent clot was found at middle of femoral vein, extending upward and downward.

The Homœopathic Times.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

AMERICAN INSTITUTE.

The Milwaukee meeting of the Institute is now an event of the past, and our readers will find in other columns as full a report of its doings as we are able at this time to present. We think the account well worthy perusal, especially as several of the papers—after considerable effort on our part—are presented in synopsis, and we take this opportunity to thank the authors for aiding us in this direction.

The presidential address is about the kind of an effort we might expect of one confined to "*The Progress of Homœopathy during the Past Year*," and none seemed to feel the restriction more than the author himself, who was obliged to arbitrarily adopt the *plural* as an amendment before he was half through, and wisely suggests that "as this limitation was applied only a few years ago under a peculiar excitement, now happily passed away, and as its presence in the constitution of your body is not creditable to your intelligence," etc., and as "my successors may safely be left to their own judgment as to the nature of the topics they will discuss," etc., "I shall take occasion before I close to recommend a change in the article referred to."

What stronger evidence could we offer in proof that the president was *uncomfortably* restricted in the selection of a theme for his address? But you will say this is an *homœopathic* society, and what right have we to discuss any subject not bearing directly upon this theory and practice? And this leads us to the very point that all progressive physicians must sooner or later reach, viz.: That the term homœopathic is too *restrictive* to cover us as a "school" of educated, progressive physicians, and the sooner we recognize this fact and place ourselves as a "school" in a position to command that respect which the title of *physician* in its fullest significance demands, the better it will be for all concerned, and we need not fear for the survival of the homœopathic principle, now so thoroughly established by clinical experience.

A western contemporary has placed itself in a very curious position, to say the least, by a misrepresentation of a paragraph of ours. This very episode of the Milwaukee meeting shows that we were right in saying that "*our school*" *does* cover something *beside* homœopathy. To us, "*our school*" includes all believers in the maxim "*Similia, Similibus, Curantur*," and it also covers such other modes of practice as are necessary to the physician and not included in the above, such as surgical, mechanical, chemical, hygienic and other means. In the article referred to we made no "*special plea*" for the use of any "measures," but simply recognized the fact that certain agents were sometimes used in the treatment of disease by members of "our school." The following is the language we used, and we propose to stand by it:

"We were not before aware that any medical or surgical means were the exclusive property of a particular sect or class of practitioners, but now we shall expect that the use of *Chloroform*, surgical appliances, etc., will be denied the homœopathic practitioner because the so called 'regular' chooses so to decide. We desire to say to our contemporary that we understand our school to cover the *whole* field of medical practice, including, of course, *homœopathy*."

There is not a single practitioner of "our school" who is an homœopathist and nothing more!

We even find our strictest Hahnemannian recommending massive doses of *Potassium iodide* as an antidote to the similar doses of *Mercury!* and we do not presume that he would claim this procedure as homœopathic.

In the very journal which honors us with its criticism we find "*Atropine four grs. to the ounce*," by instillation, "*every one or two hours*, with *hot fomentations*, as often as the pain requires it," recommended in a case of *ulcus corn*, and was a mode of treatment undoubtedly eminently successful in the case, as the "*results of experience*" have often demonstrated, but there could be no claim to homœopathicity made in its behalf.

Our critic says, "Homœopathy is the antithesis of allopathy, and it makes no fellowship with eclecticism," to all of which we agree, and go still farther by asserting that the law of similars will stand upon its own bottom just as independent as any other law of nature, and because its practitioner happens to believe in chemistry, hygiene, and other allied sciences, it does not make him any less a homœopathist, but demonstrates the fact that "our school" is not covered by the term "homœopathic," and the

majority of its members feel the restriction as did the president of the Institute on the recent occasion.

If the statute would make it criminal for the professed homœopath to practice anything else than homœopathy—thereby debarring him from surgical, obstetrical and other practice not strictly therapeutical—we would soon find the boundary necessary to cover members of "our school," and the president of our national organization would not be found knocking at the door of charity for a theme for his annual address.

The general opinion of those present at the meeting seems to be that it was one of the best ever held, and one correspondent writes that "we have won a glorious victory over old fogyism and bigotry, and the spirit of the Institute is now good."

Our only English colleague present was shown the courtesy of the floor to read a paper, which was characterized in the discussion which followed as an "attempt to lecture us on our *ignorance of the Organon*, and the baneful effects of our *American liberality*, and reflected so falsely upon one of its late presidents that the Institute came down like an avalanche upon its author."

The views as expressed in the above-mentioned paper are held we may say by a very small minority of those practicing homœopathy because of their impracticability, and it is to their dogmatic assertion that we may charge the ridicule and dishonor which are heaped upon us as a sect for not living up to what we never even professed to believe.

As searchers in the field of science we want no creed or dogma; we should accept or reject whatever comes to us, upon our own responsibility and in accordance with our own knowledge and experience, regardless of dogmas or theories.

We doubt whether there is more than one hundred of the six thousand homœopathic practitioners in this country who can conscientiously unite with the Hahnemannian Society organized on this occasion by the so-called Hahnemannians. We have no doubt some will unite with them and still continue their massive doses of drugs, for there are those who claim that whatever measures they adopt are upon *homœopathic* grounds, and few dare to question the truth of their assertions.

The bureau of Materia Medica, under the management of the efficient chairman, Dr. Dake, has done excellent work during the past two years. Its papers have been most scholarly, and of a character to excite thought and investigation. The bureau of Clinical Medicine did not receive that attention which its importance demands. We think this bureau should work upon a different plan. The chairman should be in correspondence with every member of the Institute interested in this department, and a large number of clinical reports sought, not upon special subjects, but covering the actual experience of the year. From these a most interesting report could be made up, and would come from the latest actual experience at the bedside.

The bureaus of Gynæcology and Pædology both held sectional meetings, which were not only fully attended, but proved very interesting to those who were so fortunate as to be present.

We notice that the Institute voted to publish the Transactions of the World's Convention and of 1879, at an expense of $700, for clerical services. We should like to inquire who is responsible for the paying of the salary of the late secretary before his services were earned? From the best information we can get, the anticipation in the payment of this salary is the cause of the delay in publication, and this unbusiness-like procedure costs the organization the modest sum of $700 in cash.

This little matter was well managed to evade individual responsibility, and is a kind of sharp practice that should be looked out for hereafter.

AMERICAN MEDICAL ASSOCIATION.

The thirty-first annual meeting of this association, held in New York June 1, 2, 3, and 4, drew together one of the largest assemblages of physicians ever held in this country. The Committee of Reception and Entertainment performed their work so admirably that the occasion was a complete social success. After a careful perusal of the proceedings we quite agree with the *Medical Record* that the social success of the association was all of which it could boast. The actual work was much below the usual standard. The *Record* pointedly says: "The only real merit of the numerous addressess was their brevity." We had looked with more than usual interest to the proceedings of this convention, believing that an association which numbered among its members so many practical men, eminent in the various departments of medicine and surgery, would certainly have some new facts to present worthy of special notice. In this we were disappointed, as nearly the whole line of thought seemed to run on mechanical treatment and the mechanical and chemical action of drugs, and even here but little of interest was evolved.

Dr. Sayre in his address strongly recommends connecting a medical journal with the association in which the transactions could be promptly published instead of waiting to the end of the year for the annual volume. Reference was made to the *British Medical Journal* and its connection with the British Medical Association. The remarks of Dr. Sayre are of equal interest to our department of the profession, for we have felt how totally inadequate are these annual volumes to meet the go-ahead spirit of men who wish to keep fully posted with the literature of the profession.

Dr. Beard read a paper on Phymosis as a cause of nervous symptoms, and quite a lengthy discussion was had upon various orthopedic appliances, but without eliciting anything particularly new. Drs. Sims and Pallen read papers illustrated with cases upon Oöphorectomy, or as it is more generally called, Battey's operation. Dr. Sims, in describing his own method of procedure, said: "I use the simple abdominal incision, as we usually make it for ordinary ovariotomy, midway between the umbilicus and symphysis pubis. The patient lies flatly on the back with the knees flexed and an incision three inches long is made between the recti muscles down nearly to the pubic bones. As soon as this is done and before the peritoneal cavity is opened, the Sims elevator is introduced into the cavity of the uterus (whether in a normal position or otherwise), and it is raised by the instrument, locked at right angles, and the fundus is held firmly above the symphysis pubis by an assistant, who holds the handle of the locked instrument immovable until the operation is completed. The peritoneum is now opened, and the fundus uteri is found in contact with the lower end of the abdominal incision. The fundus is grasped, the finger passed along the Fallopian tube on one side till the ovary is reached at the same time that the fundus of the uterus is turned to the opposite side. With the fore and middle finger the ovary is brought to the surface, the pedicle ligated, and the ovary removed. Then, by rotating the handle of the elevator to the opposite side, the other ovary is elevated correspondingly nearer the external incision, when the fore and middle finger are passed along the Fallopian tube as a guide until the ovary is found, brought to the surface and treated in the same manner as the first. When the peritoneal cavity is cleared of blood the incision is closed by sutures." Great stress was laid on the importance of perfect antiseptic precautions. The operation was performed in most cases for reflex disease, more particularly in epilepsy, hystero-epilepsy or catalepsy.

Dr. Bulkley found great benefit from *Hepar-sulph.* in various forms of skin diseases, instancing *hordeolum*, *furunculosis* where it relieved not only the symptoms but prevented further crops of boils. He also used the drug in carbuncles, suppurating buboes, and in nonparasitic *sycosis*. It is used in doses not exceeding the fourth of a grain. Dr. Bulkley is on the right track, and may find, with careful study, benefit from the homœopathic use of other drugs.

Dr. Otis read an interesting paper upon syphilis, in which he said the excessive local accumulation of leucocytes accounted in a rational manner for all the various syphilitic manifestations of the second or active stage. Mechanical pressure of such cellular aggregations produced the great variety of symptoms observed in connection with syphilis. The therapy must therefore have in view the elimination of such symptoms and deleterious cell-elements. Nature gets rid of these products by tissue metamorphosis, a process known as fatty degeneration. Small doses of *Mercury* long continued materially assist this process. The value of *Iodide of Potassium* was also dwelt upon. The virus of syphilis was said to be merely an influence, not an entity. The late so-called tertiary and quarterly manifestations were considered simply as sequelae and not as necessary effects of syphilis.

Dr. Charles R. Drysdale, of London, closed an interesting paper on syphilis with the following conclusions:

1. The initial lesion requires no *Mercury*.

2. Syphilis when *Iodine* is used without *Mercury* is usually mild.

3. Syphilis when treated with very small doses of *Iodide of Mercury* is usually mild.

4. Tertiary syphilis is rare after *Iodide of Potassium* and *Iodide of Mercury*.

5. It is best treated by large doses of *Iodide of Potassium*, adding *Mercury* when that remedy fails.

6. Cerebro spinal syphilis supervenes in some cases early in the disease and we may then give both specifics, or *Iodide of Potassium* alone. The same holds good in syphilis of testes, liver, or lung.

7. *Mercury* and *Iodine* probably act by their power of destroying low vegetable organisms in the tissues—the yeast of syphilis.

8. The dose of *Mercury* ought to be very small seldom exceeding the one-sixth of a grain.

Our readers will agree with us that this is very good homœopathic treatment.

Dr. Hewson gave several interesting cases of the cure of fibroids of the uterus by dry earth. The manner of application has been given in a previous number of the TIMES. He considered the effect to be a chemical one. In cases where it was at all likely to be of service it was a curious fact that the relief of pain commenced before the first dressing was completed.

The discussions and papers in the various departments of medical science presented but few new facts, while nearly everything of interest in therapeutics might have been drawn from homœopathic sources.

HOMŒOPATHIC HOSPITAL, W. I., AND THE DEP'T OF P. C. & C.

The *Medical Gazette*, with several *aliases*, of this city, is greatly exercised over what it characterizes as "certain abuses which were being carried on in the Homœopathic Hospital, W. I," and concludes its preface to the quotation of the misrepresentations of the *Herald's* discharged-inebriate correspondent as

follows: "We have of late been investigating the charges, with a view of collecting proof sufficiently overwhelming to justify us in bringing the matter before the Legislature, but the ubiquitous newspaper reporter has given the whole story to the public rather prematurely for our plans." So this is your "*whole story*," is it? Well, it is certainly a wonderfully startling and sensational one, but it does not in the least frighten the friends of the institution in question, who are ready to meet at any time any well-meaning and proper investigation.

The authorities will be glad to know in whose interests these secret agents are working thus *anonymously*, and will see to it that hereafter they are made responsible for their assertions.

The principal cause of complaint seems to be that the annual death-rate of this hospital has reached the almost unprecedented figure of "*six per cent.!*" And in order to account for it, agents are employed to manufacture a cause, and this is claimed to be found in the fact that patients are *re-admitted* after having been discharged, thereby being counted more than once in the census. This state of things is unavoidable in any hospital, is occasioned by various circumstances, works in the interest of the tax-payers of the city, and, conscientiously administered, is perfectly proper and just.

We desire to call the attention of the friends of the hospital to the statement respecting the causes of death in this institution, as made to the commissioners for the year ending Dec., 1878.

Of the 197 deaths which occurred during this time, 120 were from phthisis in some form, the balance being made up mostly of cases of cancer, Bright's disease, heart disease and other incurable affections, the mortality from acute diseases being only about ½ per cent.

The same journal makes a most gross and outrageous attack upon the Board of Commissioners of Public Charities and Correction, stating that persons for these positions are "selected from among decayed or pot-house politicians, or, perhaps what is still worse, from among the ignorant orderlies in the hospitals," and that they are "incompetent and ignorant commissioners." The animus of this article is evident, and its unfounded charges are worthy of no consideration whatever. It would be strange if in a department caring for ten thousand criminals, paupers and lunatics, there should not be some accidents, and the only wonder is that there are not more. The State Board of Charities, which has the supervision with almost unlimited power over all public institutions, has never suggested that the present Board of Commissioners was either "incompetent" *or* "ignorant," and were this the case, it would be the duty of this State Board so to declare. This has been one of the departments that has gone unscathed through the terrible ordeal of the last few years of "ring rule," and we unhesitatingly assert that three more intelligent, high-minded, honorable gentlemen than those who compose the present board cannot be found, and that the affairs of the department are conducted upon strict business principles.

KICKING AGAINST THE PRICKS.

The sacrifice of personal feeling, the great love for science, the courtesy and liberality of the so-called, by themselves, "regular" profession, has seldom been more clearly illustrated than in the legislating out of the Albany Medical College Dr. Swinburne, for whom, on account of his distinguished ability, a chair had some years before been specially created in the college. If in the ranks of the school which delights to call itself "regular" there is one man more distinguished than any other for his untiring zeal in the profession for his broad, liberal scientific views, that man is Dr. Swinburne. His friends can proudly point to a record of which no man need be ashamed—a record so brilliant, so noble, that he has received the warmest commendation from the highest official sources. While serving with the Army of the Potomac as Medical Superintendent of the forces from this State, Dr. Vanderpoel, Surgeon-General of the State, wrote to him, "As the head of the State Medical Bureau I cannot forego the opportunity of thanking you for the bright example your labors have furnished of conservative surgery upon the field of battle." As Health Officer of the port of New York he was commended in the strongest terms by the Quarantine Commissioners in their report, and by the Governor in his annual message. On returning to Albany he was received with resolutions of welcome by the Albany County Medical Society.

What, then, is the cause of Dr. Swinburne's sudden change from an angel of light to a demon of darkness? That great code of medical ethics of the American Medical Association has been violated. In his lectures he has showed his class failures made by his colleagues which he was bound to conceal. Ye gods! what a confession. Damning as is this fact there is still a blacker one, so black as to be a curse—he is the surgeon of the Homœopathic Hospital. Is it a wonder that the "code of ethics is invoked with all its terrors!

Under the operation of this code the late Dr. A. K. Gardner, of New York, a medical author of repute, was suspended from membership in the New York Academy of Medicine, for the dreadful offense of delivering the wife of a physician who sometimes used homœopathic remedies, without making any charge for his services. Under this code the Medical Society of Washington expelled Dr. D. W. Bliss, who was generally admitted to be an abler physician than any one who voted to expel him, for con-

sulting with a homœopathic physician who had charge of the life of the Vice-President of the United States.

Under this code eight worthy and widely employed physicians were expelled from the Massachusetts Medical Society, simply for daring to accept what good they found in homœopathic practice, and for being, also, members of homœopathic medical societies. The record of this case is amazing. The friends of the accused physicians and the representatives of the press were shut out; the accused were refused the privilege of counsel, the presence of a legal adviser, the services of a phonographer or amanuensis, and the liberty to challenge members of the Board of Trial.

Under the operation of this system of "Ring rule" in the medical profession, Dr. Morton in Boston was accused by the Ring leaders there of seeking to poison a woman, when in fact he had discovered the use of ether as an anæsthetic, and these leaders sought to prevent his gaining the fame he deserved, lest their patients should seek him and desert them; and they went so far in this as to get him thrown into prison and accused of witchcraft. Under this system Drs. Beach and Morrow, who first in the profession refused to bleed their patients, and made it known that they did not do so, were denounced by the Ring leaders as quacks to keep patients from flocking to them, and forced them out of the "regular" profession. When Dr. Hahnemann stopped giving his patients large doses of poisonous and disgusting drugs, the Ring leaders —who lacked the intelligence to sift his statements and accept whatever truth they contained—in the vain hope of keeping their patients without themselves keeping up with the advance of discovery, persecuted Hahnemann and his followers, forced them out of the "regular" profession, and drove them to extreme claims. The "regular" profession, however, have since, without acknowledgment to these discoverers, adopted into their practice the abandonment of bleeding and of heavy drugging. Under this Ring rule Dr. Paul W. Allen was shut out of the New York Medico-Legal Society, though the legal profession in the society desired his admission; the sole reason being that he held medical views which did not suit the Ring leaders, who threatened to break up the society if he was admitted. Under this system a "New York Medical Register" is published, whence are excluded the names of all physicians not approved by the leaders; the effect of this exclusion being to convey the impression that those thus omitted from the list are quacks. Under this system Professor Carnochan, of the New York College of Physicians and Surgeons, one of the most distinguished surgeons in the country, was expelled from the medical societies for allowing physycians to consult him whose names were not on the favored list. Under this system, in many cases, the leaders and those who follow them have refused to be consulted by physicians who did not follow this lead, and have wholly refused to advise the latter, when the patients were in great danger of death; taking thus advantage of the patients' extreme peril to force their friends to dismiss physicians whom the latter desired, and to compel the employment of themselves instead. Tyranny and heartlessness can scarce go farther. It is far from strange that the New York *Medical Journal* should say that "Life would be bearable, were the code wiped out," and should question whether a code is really needed.

Nor, in view of these and many other outrages on justice and decency, is it surprising that the President of the American Medical Association itself, the great Dr. J. Marion Sims, should have said in his annual address before that body, at Philadelphia, June 6, 1876, of this code:

"It is capable of being used as an engine of torture and oppression. Men jealously, maliciously intent on persecuting a fellow member, may distort the meaning of the code to suit their malign purposes thus entering into a regular conspiracy to blacken character, and that under the sanctity of the code's provisions.

"Illustrations of this are not wanting, and I could give you some astounding details. But in mercy to you, and in pity for the poor poltroons who in the name of virtue could so prostitute themselves to vicious acts, I spare you the recital."

This Ring rule goes yet further, and its leaders while enforcing the code on others, do not themselves hesitate to violate not only its provisions but the laws of the land. So far does this violation of the code go that President Sims, on the same occasion, addressing an audience largely made up of these very leaders, said:

"There is not a man within the sound of my voice who cannot call to mind some violation of the letter or spirit of the code of ethics that has occurred under his own immediate observation. Indeed, when we speak of violating the spirit of the code, we may all as one man cry out, 'He that is without sin among you, let him first cast a stone.'" * * * *

At least one medical college, in announcing the terms on which it will grant diplomas to students, announces that—

"Candidates for the degree of Doctor of Medicine must have studied medicine three years under the direction of a regular physician or surgeon. Full certificates attesting these facts must be furnished. The phrase 'regular physician or surgeon' is used in the sense commonly understood in the medical profession. Certificates of preceptorship from eclectic, homœopathic, or other so-called 'irregular' practitioners, will not be received."

Thus they assume to say who are "regular" physicians and who are not, while the law recognizes all physicians as regular who have graduated from any legally chartered medical college. This being the case, such announcements, aimed at a large number of physicians, render all colleges that publish them liable to prosecution by every one who is thus denounced as "irregular."

A committee was appointed by the Common Council to investigate the affairs of the college, and especially the legislating out Dr. Swinburne.

This committee goes over the ground very thoroughly, notwithstanding the opposition and sneers of the Faculty. After passing a high eulogium upon Dr. Swinburne, and showing the utter flimsi-

ness of the reasons assigned for the removal of Dr. Swinburne, they suggest as the true reason the personal hostility of Dr. S. Oakley Vanderpoel, who, it will be remembered, was charged with voting against Dr. Cox, of Washington, at the first Public Health Association, because he had been associated with a homœopath of the Washington Board of Health.

Whatever the cause of this war upon Dr. Swinburne, the report of the committee shows the true character of the code of ethics and the liberality of the "regular" profession.

SOCIETIES, ITEMS, ETC.

THE AMERICAN INSTITUTE.

The thirty-seventh annual session of the American Institute of Homœopathy convened in the Court House, Milwaukee, Wis, delegates being present from nearly every State in the Union. A marked feature of the assemblage was the venerable appearance of the majority of the representative men present. At 9:30 o'clock the president, Dr. T. P. Wilson, of Ann Arbor, Michigan, called the Institute to order, and the Right Reverend Bishop Welles, of Wisconsin, offered prayer.

Dr. Ormsted, Chairman of the local Committee of Arrangements, introduced Mayor T. H. Brown, who welcomed the Institute as follows;

Mr. President, and Members of the American Institute of Homœopathy: You are assembled in Milwaukee upon the invitation of the Common Council extended to you one year ago. On behalf of the Common Council and the city I extend cordial greeting, and venture to hope that your sojourn may be so agreeably and profitably spent that the acceptance of the invitation will not be regretted

Merchants, manufacturers, the tillers of the soil, ministers of the gospel—all trades, professions, and callings have their organizations. Representative men from all parts of the country assemble in convention, relate their experiences, compare the results of each other's labors, and thus the knowledge of the experiments, the "provings" the achievements of each is secured to all.

Whatever is useful in the arts, the sciences, in mechanics, in agriculture, in every branch of human endeavor, is sifted out by this process, and thus practical knowledge is disseminated, the slavery of prejudice, superstition, and ignorance abolished, and mankind improved and elevated in character and condition. But of all the grand vocations which command the earnest thought and toil of man, there is none more honorable, more elevated, more comprehensive, more useful to the world than that to which you have devoted yourselves—the art of preserving life and health.

The physician's field of labor is inexhaustible. Its boundaries are the habitable globe. Wherever he goes he finds man subject to like infirmities, sorely in need of his attention, his care, his kind and cheerful words.

The physician's usefulness is not terminated by death. His grand achievements live after him, and continue a blessing to mankind generations after his name has been enrolled with Pythagoras, Hippocrates, Galen, Boerhaave, Cullen, Jenner, Hahnemann, and many more, great benefactors of the world.

Doctors, expressing the desire that your convocation may be harmonious, that it may result advantageously to the profession you cherish, and to those sublime purposes to which your lives and labors are consecrated, I again extend to you the welcome and hospitalities of the city.

Dr. Danforth, on behalf of the State Association, spoke as follows:

Mr. President, and Members of The American Institute of Homœopathy: Our Mayor has cordially welcomed you to Milwaukee—this unpretending, though generous city of the West, clustering here on the sun set side of the great lakes, renowned for its beauty of scenery, its elegant homes, its real wealth, and satisfied life. It is made my pleasant duty to bid you welcome to Wisconsin—and so I extend to you all a fraternal greeting. Forty years ago there were but 30,000 persons living within our borders; now, there are upward of 1,500,000 who have pitched their tents among us, giving us, through summer and winter, peace and war, for forty years an average immigration of 3,000 a month, or 100 a day. This tidal wave still flows on, and this year with increasing ratio. Our State sustains an unimpeachable character for intelligence, industry, progress, patriotism, and I may add, wealth, a soil of unsurpassed fertility, immense pine forests on our north; iron mines, lead, zinc, and other precious metals scattered in rich profusion, each, all contribute to repay the toil and endeavor of life, while they occupy and ennoble the toiler. In the name, then, of our commonwealth, of its industry, intelligence, patriotism, and progress, in the name of "The Wisconsin Homœopathic Medical Society," and of the 175 homœopathic physicians practicing their profession here, I bid you a hearty welcome, a thrice hearty welcome, to this Switzerland of America.

President Wilson responded as follows:

In behalf of the American Institute of Homœopathy I have the pleasure of accepting your hearty words of welcome.

But yesterday, as it were, your streets were thronged with the broken, blood-stained, but enthusiastic ranks of our nation's honored defenders. Over their heads you hung the stars and stripes. Upon their brows you placed garlands of flowers. Let me assure you that those words have sunk deep within our hearts, and caused upon a thousand chords responsive vibrations.

To-day your beautiful city is again invaded, but not by armed legions of soldiers. Not as the conquering heroes come, not with songs of war or beating of battle drum, but as under a snow-white banner upon which is written the song of Bethlehem's angels, "Peace on Earth, Good Will to Men," so have we come and are made thrice welcome.

To many of us there is here opened a new world of existence. We have followed human civilization in her pathway full many a league toward the setting sun, and lo! the touch of her magic wand has transformed everything into shapes of beauty.

Behind us the broad expanse of an inland ocean, and before us the fertile fields of Wisconsin. We behold her like a bride adorned for her wedding, with your beautiful city as the brightest jewel upon her forehead. We have come to woo her for a little while, and to fix in our memories, that shall never die, some precious recollections of the brightness of the diadem she so proudly wears.

Milwaukee's fame we have heard from afar. Her sons and her daughters have contributed no small share to the common glory of our country. We have come to sit a little while by your firesides, and make what may seem to be a brief acquaintance with you and yours.

But believe me, while our hearts beat responsive to human emotions, we will cherish the recollection of this glad hour, and in turn will make you welcome when in other lands your tired feet shall touch the thresholds of our beloved homes

THE ORDER OF BUSINESS

prepared by the secretary was adopted, with the exception that the report of the Bureau of Organization, Registration, and Statistics was brought from the fourth to the first day's proceedings.

The President, in his address, began by alluding to the fact that one-third of a century had elapsed since the organization of the American Institute of Homœopathy, that a generation of men had gone by since it began, and that we of to-day are the legitimate successors and heirs of the noble men who founded this society. A fitting allusion was then made to the veteran corps, many of whom, in their distant homes, are looking with dimmed yet anxious eyes upon the proceedings of the present convention. It would gladden their hearts to know that the flag of *Similia* is still proudly floating over our heads.

The advent of homœopathy into the world constituted not medical reform merely, but medical revolution. Its progress might yet fill the centuries, and could not be so clearly marked year by year. Two things hide from our eyes the real progress we are making.

1st. The cessation of hostilities toward us by the allopathic school. We have conquered peace, and now receive the consideration and respect due to honorable competitors.

2d. Our work has become so distributed that we fail to notice how we are succeeding. In every State and city, in towns and villages, we are pushing on the work, and we do not feel it as when we had but one or two, or at most a few, points to watch.

It is the duty of the President to report upon "the progress of homœopathy during the past year." It is not the prosaic fact we want, but the fact conceded. What is the philosophy of our progress? Why has homœopathy progressed?

1st. We have progressed just in proportion as we as a school have adhered to the principles as taught by Hahnemann. Not because Hahnemann taught them, but because they are true. Hahnemann's relations to them were accidental. We follow truth, not men. Homœopathy was a declaration of order against chaos, and its march forward will end, as only it can, in the destruction of empiricism. Hahnemann understood the problem with which he was dealing. He knew how false the theories and fatal the practices of his predecessors and contemporaries. If any one has since arisen having a deeper insight into the arcana of therapeutics, he should be made to stand forth. Is it a Ringer, or a Bartholow, or a Phillips, who transcends the wisdom of Hahnemann? Hahnemann was never false to the truth, nor inconsistent in its advocacy. He never apologized for ignorance nor compromised with error. He could never have framed a rule such as is on the records of our society, which declares the law of cure "coextensive with disease," and then shield the shortcomings of those who do not follow the rule by declaring the Materia Medica imperfect, or the practitioner to be ignorant of it, as though that were a sufficient answer for those who, claiming to be homœopaths, live in constant violation of their professions. Dogs may return to their vomit and hogs to their wallowing in the mire, but the homœopathic school can never return to the chaos from whence it sprung. It was neither a misfortune nor a mistake when the homœopathic school began a distinct and separate existence. Those who endeavor to blind the issues between us and other schools, and those who brand us as sectarians because we stand up for that which is our own, deserve to be overwhelmed with confusion. We have become a numerous body of practitioners and patrons. It is no small matter to maintain a proper *esprit du corps* of so large a body. If we of the American Institute of Homœopathy shall stand for the integrity of our principles, uttering no uncertain sound, we will carry gladness and hope to thousands of hearts. "The common people" have faith in us. Have we faith in ourselves?

2d. We have advanced because the philosophy of our art is in harmony with the general advancement of science. All the modern revelations of physiology, microscopy, chemistry, and kindred subjects have only helped us on; while on the contrary, the empirical schools have been time and again thrown back upon their haunches by fresh discoveries. We have come to a better knowledge of disease. It is not the changed tissue, but the dynamic condition, which produces that change. That is the thing to be treated. And we now understand drugs better. It is the inherent force of the drug we need to use, and not necessarily the drug form. Hahnemann clearly taught these things more than three-quarters of a century ago, but even in the homœopathic school they are not understood. Preceptors do not teach their students as they should. Our current medical literature is poisoned with errors, and misleads. Our colleges fail to teach the true methods and practices of the homœopathic school. Every doctrine we hold to has been assailed both from within and without. Had the assailants succeeded there would have been nothing left us today. These things demand attention. We have during the past year had an unusual amount of controversy, and much of it, unfortunately, personal. We need agitation, we cannot otherwise progress, but we should have no more of these bitter personal quarrels. We have a wide field opening before us, and cannot afford to waste our energies. In the field of collateral sciences we have much to do. Witness what the microscope has done of late for our triturations. It is an error to suppose that "high dilutions," or greatly attenuated preparations, have been affected by the discoveries of the microscope. It has helped, not hindered. These discoveries affect the material side, but not the dynamic. Drug forms and drug forces are separate departments of investigation. The radiometer of Prof. Crooke and the tasimeter of Mr. Edison have opened to us new worlds of thought and study. Facts go before principles. We find the facts, and wait often a long time for the explanation. Hahnemann discovered or elaborated the facts of similia and the power of dynamized or attenuated drugs, but it is left for us to perceive their explanation in the discoveries of modern science.

3d. Another important element in our progress is enlargement and perfection of our educational work. Our colleges are taking advanced grounds. It is the fault of the profession that all the colleges have not come up to higher work. The inter-collegiate congress and the inter-collegiate committee have done good work in this direction. Two of our colleges already demand a preliminary examination and three courses of lectures. They should be sustained. All the colleges will soon do equally well.

4th. Our current and general medical literature are helping on the work. We can no more live without food than we can exist as a profession without books and journals. All honor to the noble men and women who furnish us such a rich and cheap supply! May they all, editors, authors, and contributors, have their reward!

The attention of the Institute was then called to the unpublished writings of Hahnemann now in the hands of his heirs. It was recommended that a committee be appointed to consider how they might be obtained and published.

Certain amendments to the By-Laws and Constitution were also recommended. Attention was called

to the American Public Health Association, and that delegates to that body should be appointed. And, finally, it was suggested that as we had been as a school rigidly excluded from the army and navy during the late war, we should now put on foot such plans as will secure us proper recognition from the United States Government both in the army and navy.

The Auditing Committee, Drs. D. H. Beckwith Talbot and H. M. Smith, reported the cash balance on hand, $3,664.15.

Secretary Burgher's report showed the work of publishing the "Transactions" to be in a backward condition.

Dr. E. W. Berridge, of London, Eng., being present, was invited to a seat upon the platform.

The necrologist, Dr. H. D. Paine, reported nineteen deaths of members during the past year.

The Bureau of Organization, Registration, and Statistics reported through its chairman, Dr. I. T. Talbot, the following statistics: The most reliable register contains the addresses of 6,000 homœopathic physicians in the United States, of whom 839 are active members of this Institute. The Western Academy has 150 members and meets annually. There are 23 State societies, of which 17 are incorporated, with a total membership of 1,859, of which 183 were added and 28 died last year. Of 89 local societies, 63 report to the bureau 1,632 members.

The medical clubs are partly social and partly professional in their character. Six of these have 100 members.

Thirty four homœopathic hospitals are established. Twenty-five of these report 1,505 beds, occupied last year by 14,915 patients, 8,455 cured, 2,864 improved, 349 not improved, 355 (less than 2½ per cent.) died. The cost of 25 of these hospitals has been $1,189,175; debt, $85,000; funds, $41,206.

Of 29 dispensaries, 22 report 103,577 patients treated last year, with 221,803 prescriptions, at an average cost of 5½ cents per prescription in conducting the dispensary.

Eleven colleges, all in good standing, have had 1,192 students, and graduated 387 the past year. The alumni numbers 4,822, and a faculty numbering 159. The cost of establishing five of these colleges has been $230,000. Two special schools, ophthalmic and obstetric, have had 26 students and 18 graduates, 182 alumni.

Sixteen journals are published in the United States —4 quarterly, 10 monthly, 1 every two months, and 1 semi-monthly. These publish 22,250 copies, 700 pages monthly, or 8,400 yearly. One library association, 1 publishing society, and 1 homœopathic insurance company. All are in successful operation.

Dr William E. Spaulding, of Hingham, Mass., read a paper which provoked considerable discussion, entitled "The Sphincter Tertius or Sphincter Recti."

Dr. Lilienthal, of New York, read a paper on "Insanity."

He was followed by Dr. George F. Foote, of Connecticut, who read a paper on "Insanity, Inebriety, and the Opium Habit and Its Remedy."

Dr. T. L. Brown, of Binghamton, N. Y., read a paper on "Morbid Vision." He took the ground that perception of forms in motion, and the memory of the same, constitute the normal and abnormal visions of individuals. We cannot be conscious of anything without a brain, and have no vision independent of object perception or brain organization. Thought is the nerve cell motion record of object, form, and motion, and we cannot think or view that which has neither body, parts, nor motion. Every vision is or has been a brain perception. The condition of the brain and its relation to the quantity and quality of blood seems to control the phenomenon of normal and morbid vision. Arterial and venous blood in the brain, as to the relative amount, modifies the manifestations of thought. What we see in our normal condition is our healthy vision. Conditions favoring the increase of carbon in the blood through the lungs by inspiration, in place of oxygen, favor in like proportion morbid vision instead of healthy vision. The open air, well ventilated rooms, strictly physiological food, exercise, and sleep, are conducive to correct vision. In the spiritual circle, held in a closed room, where bedquilts and blankets are placed over windows and doors to keep out light and oxygen and keep in carbon, the blood of each person in the room is carbonized, and the feeble-headed, small-chested medium, after hours of breathing the impure air, declares she sees her dead aunt or grandmother, eyes open or shut, in the darkness. An open door destroys the vision by purifying the air. The well ventilated churches of this day have done away with the excitements of the revival, and they are now practically a failure because the inmates are clear-headed in the pure air and can think and act rationally. In the sunshine and air, active with bodily and mental work, the scientist was civilizing himself and the terror-stricken race.

A paper on "Phimosis in Its Relations to Insanity" was presented by S. H. Talcott, A.M., M.D.

EVENING SESSION.

The Bureau of General Sanitary Science, Climatology, and Hygiene was then taken up and Dr. B W. James, of Philadelphia, chairman, called on Dr. D. H Beckwith, of Cleveland, who read a paper on "Quarantine for Refugees Exposed to an Epidemic of Any Kind by River, Railroad, or Wagon-way." He gave a history of the spread of the cholera throughout the principal cities of Ohio from a single case landed from a steamboat in Cincinnati, and based an argument in favor of inland quarantine thereon. The greatest good to the greatest number was the correct rule, even if it did separate families and spread financial bankruptcy. The government should be empowered to compel States to establish quarantine and stop railroads and steamboats, etc. Refugees from infected districts should, under charge of authorities, be taken to a bath-house, thoroughly washed, and new clothes be provided for them, and they should be kept in quarantine fourteen days. He then gave a list of disinfectants, and how they should be used in cars, coaches, etc., and advocated the use of earth closets. Sanitary science had advanced so during the past ten years it precluded observance of the old rules. The doctor then went into statistics to show that homœopathy was more successful than the other schools.

Chairman James read by titles, their length precluding their reading in full, the following papers sent to him: "The Cordon Sanitaire," by Dr. R. E. Caruthers, of Allegheny City; "Disinfection of People, Cargo, and Baggage in Quarantine," by Dr. M. S Briry, of Maine; "National Quarantine, Including that of the Sea Coast," by Dr. G. M. Ockford, of Vermont.

The chairman then read a paper from Dr. L. A. Falligant, of Savannah, Ga., on "Sanitation and Location of Quarantine Stations."

Dr. Falligant opens with a declaration as to the intent and use of quarantine, severing it entirely from remedial uses in disease, and limiting it to its natural purpose of checking the spread of disease by isolation, etc. Reference is made to individual and municipal quarantine, and its application to sporadic and epidemic difficulties. The location of the station is first treated of, more particularly with a view to convenience, health, drainage, water supply, etc., and in avoidance of surrounding local sources of malarial or other disease, and suggestions are also made in regard to the distance from inhabited localities at which such stations should be placed, giving reasons for his view of a necessarily greater isolation in cases of yellow fever. In this connection he cites an interesting ob-

servation as to how far malaria may be carried by the winds.

The sanitation of these stations is briefly discussed, some personal experiences introduced as guides—especially in regard to the isolation and personal cleanliness of the patient—and suggestions made as to the kind and character of buildings needed at such stations. Dr. F. narrates an interesting observation as to the benefit of isolation during the epidemic of 1876, and concludes with some practical objections to the "germ theory," which its advocates will digest at leisure.

Dr. Ockford's paper briefly reviews early systems of national quarantine and circumstances calling for its establishment Traces history of plague; contagious, and dependent on filth; quarantine important factor in prevention, while sanitation is uncared for; Pacific coast dangerous, from traffic with Asia. The various cholera epidemics in America from 1826 to 1873 are traced in their wanderings; concludes cholera is always of exotic origin; quarantine of first importance in preventing. Yellow fever in United States is reviewed; conclusions that it is indigenous as well as exotic; foreign germ will not flourish without proper soil; quarantine valuable auxiliary, but sanitation principal force in prevention. Quarantine should be established by nation to prevent foreign infectious diseases entering country; every port of entry should have health officer; government agents should report from foreign countries all infectious diseases; national quarantine should not discriminate in favor of any section; just as important to quarantine Portland against yellow fever as New Orleans; means of transportation easily transport across or through the land; inspection and observation of all infected ships a duty of government; national quarantine should be one of observation, without obstruction to commerce or detention of persons, only so far as to prevent introduction of disease; all articles of merchandise, clothing, officers' clothes, and sailors' kits should be disinfected, etc., etc.; cost of maintaining quarantine trifling as compared with value of lives sacrificed by inattention; inter-State quarantine, excepting that of mail matter, belongs to respective States, but sea coast or maritime belongs to General Government, and people demand its establishment; sanitation is urged in connection with quarantine, believing that with proper sanitary precautions quarantine would be superfluous. The question of prevention of disease of great importance, as "National health is national wealth."

Dr. James then read his paper on "National Quarantine," including the sea coast. He spoke of the difference in the quarantine laws of different nations, which he deplored. The remedy he thought must come through the United States, whose coast line was so vast that a rigorous enforcement of wise sanitary and quarantine laws would attract the attention of the world, and make an example which would be followed. The bitterness that such a course would engender in commercial circles would soon change to commercial blessings. He then gave a history of the endeavors of France to establish an international quarantine in Europe to prevent the spread of the Asiatic. He looked upon the International Sanitary Convention to be held in Washington as of vast importance. He hoped the golden rule would prevail in this congress of nations, but thought the example set by the United States would do more toward the establishment of a code of International Quarantine Laws.

The subject treated of by the Bureau was then opened by discussion, and Dr. Dake, of Nashville, gave a history of the yellow fever scourge in that city. He argued that the disease was only spread by actual contact, and the germs were not conveyed in the air. In proof of this he cited the history of the yellow fever epidemic in New York, which had been confined in one part of the city by running a high board fence from river to river across the island.

Dr. Bowen, of Fort Wayne, contended that infected clothes should not be destroyed by burning, as the disease was spread in the heat and smoke.

Dr. Verdi, of Washington, said the clothes should be baked in ovens, the intense heat destroying the germs of the disease without destroying the clothing, which was an item with the poor who were generally the patients.

Dr. Taylor, of Indiana, criticised the action of the chairman of the Bureau in selecting men to write in antagonism to each other. He then criticised the idea that the Government should supercede the State authorities in the matter of quarantine.

Dr. Verdi, of Washington, was granted permission to speak a second time, and spoke against the doctrine of State rights bearing on this question, because the interest was an open one. He spoke of the shot-gun quarantine, and said it was revolution. It was impossible to stop any epidemic without a single and leading authority to direct operations.

Dr. Petit, of Ohio, spoke in favor of the use of superheated steam to disinfect clothing, as a dry heat to destroy the germs of disease would char and consequently destroy them.

Dr. Smith, of Cleveland, had been through two yellow fever epidemics, and contended that fear of the disease was a potent agent for its spread; those persons who, during an epidemic, were frightened, generally took it, while the physicians and those who were indifferent generally escaped. The problem to be settled was how to prevent the disease.

The President announced Dr. D. H. Beckwith, of Cleveland, as Chairman of the Bureau of General Sanitary Science, Climatology, and Hygiene for the coming year.

Dr. Burhrod W. James, of Philadelphia, offered the following resolutions, which were adopted:

Resolved, That the President appoint two delegates to represent this Institute in the next meeting of the American Public Health Association.

Resolved, That this Institution appoint delegates to present the views of this national body to the international convention called by the U. S. Government; and if delegates are admitted to its proceedings from medical and other scientific bodies in this country, these our own delegates to be supplied with credentials to present to that body, and the delegates thereupon ask admittance to take part in the proceedings of the International Conference appointed to be held at Washington.

The Institute then adjourned until nine o'clock Wednesday morning.

WEDNESDAY.

Secretary Burgher read the reports of the various colleges.

The Committee on Publication, through its chairman, Dr. Allen, of Ann Arbor, Mich,, submitted its report, which is as follows:

Upon investigation of the causes which have led to the extraordinary delay in the publication of the transactions of the World's Convention of 1876, and the failure of the late secretary to issue the transactions of 1879, we have come to the following conclusions:

First—That the delay in the first instance was occasioned by the death of Dr. Dunham, who had all the papers in charge.

Second—That the delay in both cases during the past year has been occasioned by a singular mental and physical condition of the late secretary, very difficult to explain.

Although unable to perform the labor of the publication, Dr. McClatchey has shown a most singular and

unaccountable persistence in keeping the manuscripts from the present secretary until June 11 inst., too late for issuance before this meeting.

Your committee can account for the course of Dr. McClatchey upon no theory except that of ill health occasioned by overwork; and in view of the eminent services which he has rendered both the Institute and the profession in years past, we would advise no censure upon Dr. McClatchey, notwithstanding the aggravated trespass upon our patience. In regard to the course to be pursued now to bring out the back-lying volumes, your committee would recommend,

First—That the transactions of the World's Convention and of the session of 1879 be committed to the hands of the late provisional secretary, J. C. Guernsey, M. D., of Philadelphia, with instructions to bring them out with as little delay as possible.

Second—That the treasurer be empowered to pay Dr. Guernsey for such clerical service not to exceed the sum of $700 upon the completion of the volumes of the World's Conventions and the proceedings of 1879.

H. C. Allen, J. P. Dake and J. C. Burgher, committee.

The courtesy of the floor being extended to Dr. Berridge, this gentleman read a paper on "*How to Advance Homœpathy.*"

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.

Special subject to be reported on and discussed, "The Limits of Drug Attenuation and of Medicinal Power in Homœopathic Posology." J. P. Dake, Ch'm.

I. The Proof of Drug Presence and Power in Attenuations above the Sixth Decimal: 1. As furnished by the tests of chemistry—W. L. Breyfogle, M.D. 2. As furnished by the Spectroscope and Microscope—C. Wesselhoeft, M.D., J. Edwards Smith, M.D 3. As furnished by the tests of Physiology—T. F. Allen, M.D., Lewis Sherman, M.D. 4. As furnished by analogy from the field of impalpable morbific agencies—J. P. Dake, M.D.

II. The Proofs of Medicinal Presence and Efficacy in Attenuations above the Sixth Decimal: 1. As furnished by the tests of clinical experience, in the use of attenuations, ranging from the sixth to the fifteenth decimal—J. F Cooper, M.D. 2. As furnished by clinical experience, in the use of attenuations, ranging from the fifteenth to the thirtieth decimal—A. C. Cowperthwaite, M.D. 3. As furnished by clinical experience, in the use of attenuations, above the thirtieth decimal—C. H. Lawton, M.D., H. M. Paine, M.D.

INTRODUCTORY BY DR. DAKE.

The report of this Bureau was looked for with more than ordinary interest, owing to the excited debate upon its papers last year, at Lake George, and the attempt, upon the part of some persons, to forestall and prejudice its conclusions in advance of their announcement.

The chairman, after a general introductory, sketched the course pursued last year and this, by the Bureau in the handling of its special subjects.

He regretted the failure of Dr. Allen to apply to the thirtieth centesimal dilution the test so eagerly proposed by him at Lake George. He mentioned with much satisfaction the experiments conducted by Dr. Sherman with the sixth, seventh, eighth, ninth, and tenth decimal attenuations; and begged the members of the Institute to listen closely to each paper read, so that no misapprehension might arise in regard to the sentiments of the Bureau. He said at Lake George some of those discussing the work of the Bureau had done little more than to harangue those present upon the necessity of adhering more closely to the teachings of Hahnemann. He hoped on this occasion for a proper consideration of the subjects brought forward in the papers to be read.

He said the members of the Bureau were not a unit upon all questions, but that they differed honestly and with feelings of personal respect for each other.

The papers were then presented in the order indicated on the programme, each member coming up to the announcements made except Drs. T. F. Allen, J. F Cooper and H. M. Paine, neither of whom was present.

The Proofs of drug presence and power in attenuations above the sixth decimal, as furnished by analogy from the field of Impalpable Morbific Agencies.

This division of the general subject was presented by the chairman, Dr. J. P. Dake.

He began with the proposition that when the tests of chemistry and the powers of the spectroscope and microscope fail to detect any impurity in a particle of pus, a drop of blood or a breath of air, which human experience finds to contain the seeds of disease, analogy must warrant the conclusion that in drug attenuations where those tests and appliances fail to recognize the presence of a drug molecule, there yet may be drug presence and drug power.

He spoke of the acknowledged morbific power of invisible *germs, vegetable emanations, contagia, malaria, gases, electricity, etc.*—all of which were answerable to the question, *quantum?* as well as *quo modo?*

He presented the results of microscopic examinations of attenuated doses, showing that drug matter had been recognized as far up as the ninth decimal, and, as claimed by some, as far as the twelfth.

He spoke of the results of mathematical calculations, upon the latest theory of molecular magnitudes, showing that, above the thirtieth decimal, there could be no drug molecules present.

As for the presence of drug power beyond the presence of drug matter, he found no proofs in the field of impalpable morbific agencies.

In his opinion there was no warrant for the belief that the power of a drug, its active property, could be separated from its material body, and be handled and directed by the practitioner in the *spirit form.*

He closed with this rattling question, addressed to the high potency wing of the Institute:

If inert substances, *Sugar of Milk* included, have a pathogenetic spirit, *what becomes of the disembodied spirit of Sugar of milk when the Sugar of milk is taken possession of by the spirit of an active drug, like Belladonna or Nux Vomica?*

CONCLUSION.

In regard to the work of the Bureau of Materia Medica, Pharmacy, and Provings during the past two years, we are persuaded, even in advance of the appearance of its papers in print, that no work ever done in the Institute has been more faithfully and honestly performed.

The subjects handled were of prime importance, the divisions made were clear-cut and striking, and the steady, cool advances of the workers, in the face of loud-mouthed denunciation and abuse, from some quarters, have been worthy of all admiration. The papers were well received in the Institute and the Bureau loudly praised for its faithful accomplishment of a good work.

The reports of 1879 and 1880, taken together, will furnish a valuable treatise upon *drug attenuation as practiced in the homœopathic school.*

The efforts of this Bureau have settled forever the freedom of scientific inquiry and discussion in the American Institute of Homœopathy.

(To be continued.)

For purulent conjunctivitis, *Hydrarg. suboxid.* gr. x. *ad Ung. petialei* ℥ i. and a wash of *Boracic acid.* For pannus same, and application of *Eserine.*—*Cincinnati Lancet and Clinic.*